



2006-2007 STUDENT MEMBERSHIP APPLICATION



HR Leaders of Tomorrow

Fields marked with a ▲ are required. Your application cannot be processed without this information.

MEMBER INFORMATION

Please type or print legibly.

Current or previous SHRM member? Yes No

If yes, enter membership # here: _____

▲Name: _____
Last First MI

▲College/University: _____

▲Chapter #: _____

(If no chapter exists at your school, please enter 5000)

On-campus Address: _____

Address/Apt. #: _____

City/State/ZIP: _____

E-mail: _____ Phone #: _____

Home Address: _____

Address/Apt. #: _____

City/State/ZIP: _____

E-mail: _____ Phone #: _____

▲Send Mail to: Home School

I do not wish to receive non-association mail.

EDUCATION AND EMPLOYMENT

- | | |
|---|---|
| ▲Academic Major (select ONE): | Academic Minor (if applicable): |
| <input type="checkbox"/> Human Resource Management | <input type="checkbox"/> Human Resource Management |
| <input type="checkbox"/> Human Resource Development | <input type="checkbox"/> Human Resource Development |
| <input type="checkbox"/> Business Administration & Management | <input type="checkbox"/> Business Administration & Management |
| <input type="checkbox"/> Industrial/Organizational Psychology | <input type="checkbox"/> Industrial/Organizational Psychology |
| <input type="checkbox"/> Labor Relations | <input type="checkbox"/> Labor Relations |
| <input type="checkbox"/> MBA | <input type="checkbox"/> MBA |
| <input type="checkbox"/> MBA/HR | <input type="checkbox"/> MBA/HR |
| <input type="checkbox"/> Organizational Behavior/Org. Development | <input type="checkbox"/> Organizational Behavior/Org. Development |
| <input type="checkbox"/> Sociology | <input type="checkbox"/> Sociology |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

▲Year in School: Freshman Sophomore Junior Senior
 Master's Ph.D.

▲Anticipated Graduation Date: _____
Month/Year

▲Currently enrolled in _____ credit hours per
 Semester Quarter Compressed term

All applicants MUST attach a copy of a current course schedule to qualify for membership.

Employment Status:

- U Not employed in a regular full-time HR position
 N Employed in a full-time nonexempt** (hourly) HR position
 X Employed in a full-time exempt** HR position
 E U.S. Military active duty — Enlisted
 O U.S. Military active duty — Commissioned Officer

** as defined by the Fair Labor Standards Act (FLSA)

Please send completed application with payment:

By Mail: Allow 4-6 weeks for processing. Society for Human Resource Management P.O. Box 79482 Baltimore, MD 21279-0182	By Fax: Allow 2-3 weeks for processing. (703) 535-6490	For more information: Phone: (703) 548-3440 TTY/IDD: (703) 548-6999 E-mail: SHRMStudent@shrm.org
---	---	--

DEMOGRAPHIC INFORMATION (optional)

The completion of the following allows SHRM to track its membership diversity and develop additional programs and services.

Date of Birth: ____/____/____

Gender: Female Male

Race/Ethnic Identification:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Multicultural | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Black | |

MEMBERSHIP CATEGORIES AND DUES

Note: SHRM membership is nonrefundable and nontransferable.

1 Year SHRM Student Membership **\$35**

Payment must accompany application or it will not be processed.

Please indicate method of payment:

- Check or Money Order (U.S. \$/U.S. bank only)
 Charge My: VISA MasterCard American Express

I authorize SHRM to charge my credit card \$ _____

Credit Card #: _____

Expiration Date: _____

Name: _____

(As it appears on credit card)

Signature

SHRM annual dues are not deductible as charitable contributions for federal income tax purposes but may be deductible as necessary business expenses except that, under IRC section 162(e), 6.3% of the SHRM annual dues are not deductible.

▲Signature/Date _____

SHRM Chapter Advisor's Signature/Date (optional) _____

If no active SHRM chapter exists on your campus, please have your academic advisor or other school official sign your application.

For SHRM Internal Use Only

Payment Received _____	Pers. Ck. _____
Amount \$ _____	M.O. _____
Co. Ck. _____	Chap. Ck. _____
SHRM _____	Global _____

Source Code: 0280