

Membership Application



CONTACT INFORMATION

First Name Last Name

Employer Address

Number of Employees Type of Organization

Phone Email

Are you a National SHRM member? Yes No

If yes, please list email associated with National membership

CERTIFICATION / EDUCATION

Highest Level of Education

College/University Major/Degree

Certification PHR SPHR Other

EXPERIENCE

Please check the following roles that apply to your current position:

<input type="checkbox"/> Compensation	<input type="checkbox"/> Employee Relations
<input type="checkbox"/> Benefits Administration	<input type="checkbox"/> Diversity/EEO
<input type="checkbox"/> Employment/Recruitment	<input type="checkbox"/> Organizational Development
<input type="checkbox"/> Health/Safety/Security	<input type="checkbox"/> HRIS
<input type="checkbox"/> Training & Development	<input type="checkbox"/> Other <input type="text"/>

Current Job Title Years Experience in HR

Do you hold the top position in your organization? Yes No

Please indicate what percentage of your time is devoted to HR functions %

I hereby apply for membership in Southeastern Kentucky Society for Human Resource Management and agree to pay annual dues (excludes National Members). If accepted for membership, I agree to abide by the by-laws and uphold the objectives of SEK-SHRM.

Signature

Date

Approved	Yes / No
Date	

