**Membership Application**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification: PHR \_\_\_\_\_\_\_\_\_\_ SPHR \_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Level of Education: College/University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major/Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National SHRM Member: Yes / No SHRM Membership #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone\_(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Fax \_(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of employees:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title of person to whom you report\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of experience in Human Resources \_\_\_\_\_Years as a Salaried Exempt \_\_\_\_Years as a Salaried Non-Exempt \_\_\_\_

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

Please indicate what percent of your time is devoted to Human Resources functions: \_\_\_\_\_%

PLEASE CHECK THE FOLLOWING ITEMS THAT APPLY TO YOUR CURRENT POSITION:



 I hereby apply for membership in Southeastern Kentucky Society for Human Resource Management and agree to pay annual dues (if not a National SHRM member). If accepted for membership, I agree to abide by the by-laws and uphold the objectives of SEK-SHRM.
Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PRINT COMPLETED APPLICATION, AND MAIL TO:
Heather Hill**

**304 South Main Street**

**Somerset, ky 42501**Email: heather.hill@pulaskilibrary.com Phone: 606-679-8401

**IMPORTANT: YOUR APPLICATION CANNOT BE PROCESSED UNLESS YOUR PAYMENT IS RECEIVED WITH THIS APPLICATION. PLEASE MAKE CHECK PAYABLE TO: SEK-SHRM**

**For SHRM National Nembers there is no membership fee. For Non-SHRM members, there is a $20 membership fee.**

 For Use by the SEK-SHRM Board

Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_