



## 2012 Application for Membership West Central Arkansas Society for Human Resource Management

SHRM Chapter #0467

PO BOX 8 Hot Springs, AR 71902-0008

[www.wcashrm.org](http://www.wcashrm.org) • [wcashrm@wcashrm.org](mailto:wcashrm@wcashrm.org)

PHONE: 501-624-2172 (Deanna Harris, VP Membership) EMAIL: [membership@wcashrm.org](mailto:membership@wcashrm.org)

PHONE: 870-246-1039 (Jill Hilton, SPHR, President) EMAIL: [president@wcashrm.org](mailto:president@wcashrm.org)

(Please Print or Type All Information)

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Home  Business

HRCI certification level achieved if applicable: PHR  SPHR  GPHR  Other HR Certification: \_\_\_\_\_

Job Duties and Responsibilities: \_\_\_\_\_

	Before 3/31/12	After 3/31/12	Total
<b>MEMBERSHIP DUES—PLEASE SELECT THE APPROPRIATE MEMBERSHIP</b>			
2012 WCASHRM Membership Dues IF you are not a National SHRM Member	\$45	\$60	
2012 WCASHRM Membership Dues IF National SHRM Member & another chapter is designated with SHRM as your primary chapter	\$30	\$40	
2012 WCASHRM Membership Dues IF National SHRM Member & WCASHRM (Chapter #467) is designated with SHRM as your primary chapter (SHRM Membership # Required: _____)	\$0	\$0	
<b>ADDITIONAL FEES THAT MAY BE PAID IN ADVANCE FOR YOUR CONVENIENCE</b>			
WCASHRM Managers Seminar - August 23, 2012 - Hot Springs Convention Center	\$60	\$60	
Pre-Paid Meals at all 2012 Regular Monthly Meetings @ \$8.00 each x 11 meetings. (No chapter meeting is held in December.)	\$88	\$8 x # of mtgs remaining	
National SHRM Membership Dues for New (1 <sup>st</sup> time) SHRM Members Please forward your SHRM membership application along with the WCASHRM membership application and membership dues. (When you receive your email from SHRM with your Membership #, please email the # to <a href="mailto:membership@wcashrm.org">membership@wcashrm.org</a> .)	\$165		
National SHRM Membership Dues for Active SHRM Members Please forward your SHRM membership renewal application along with the WCASHRM membership application and membership dues. (SHRM Membership # required: _____)	\$180		
<b>SHRM FOUNDATION</b>			
SHRM Foundation Donation			
<b>PACKAGE DEALS</b>			
IF you are not a National SHRM Member 2012 WCASHRM Membership Dues, Meals & Seminar	\$193		
IF National SHRM Member & another chapter is designated with SHRM as your primary chapter (SHRM Membership # required: _____) 2012 WCASHRM Membership Dues, Meals & Seminar	\$178		
IF National SHRM Member & WCASHRM (Chapter #467) is designated with SHRM as your primary chapter (SHRM Membership # required: _____) 2012 WCASHRM Membership Dues, Meals & Seminar	\$148		
<b>TOTAL DUE</b>			

*Please let us know in which of the following areas you would be willing to participate:*

- |  |   |
|--|---|
| <input type="checkbox"/> WCASHRM Seminar Committee<br><input type="checkbox"/> WCASHRM Chapter Job Fair Booth<br><input type="checkbox"/> Business Expo Chapter Booth Committee<br><input type="checkbox"/> Holiday Party (December 2012)<br><input type="checkbox"/> Scholarship Selection Committee<br><input type="checkbox"/> HR Recognition Committee<br><input type="checkbox"/> Certification Study Group Participant<br><input type="checkbox"/> Certification Study Group Facilitator | <input type="checkbox"/> Community Relations Committee<br><input type="checkbox"/> Legislative Committee<br><input type="checkbox"/> Membership Recruitment Committee<br><input type="checkbox"/> Workforce Readiness Committee<br><input type="checkbox"/> Programs Committee<br><input type="checkbox"/> SHRM Pinnacle Award Application Committee<br><input type="checkbox"/> Other: _____ |
|--|---|

With your membership, you are granting WCASHRM permission to share your email address with other WCASHRM members. WCASHRM member email addresses should only be used for WCASHRM, ARSHRM, SHRM, and HR related purposes. You are also granting permission for WCASHRM to email and fax you various chapter communications. Most communications from WCASHRM will be transmitted via email.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail this application to WCASHRM @ P.O. Box 8 Hot Springs, AR 71902-0008 along with a check payable to: WCASHRM**

**For WCASHRM Use Only:**

Name on Check or MO: \_\_\_\_\_ Type of Check:  Company  Personal

Total Amount of Check: \_\_\_\_\_ Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Membership Approved:  Yes  No Signed: \_\_\_\_\_

