



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

SHRM Chapter #0467

PO BOX 8 Hot Springs, AR 71902-0008

www.wcashrm.org • wcashrm@wcashrm.org

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

PHONE: 870-403-1311 (Jill Hilton, SPHR, President) EMAIL: president@wcashrm.org

(Please Print or Type All Information)

Name: _____

College/ University: _____

Major / Minor: _____

Year In School: **Freshman** **Sophomore** **Junior** **Senior** **Masters** **Ph.D** **Anticipated Graduation Date:** _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____ Home School

HRCI certification level achieved, if applicable: **PHR** **SPHR** **GPHR** **Other HR Certification:** _____

	Before 3/31/12	After 3/31/12	Total
MEMBERSHIP DUES—PLEASE SELECT THE APPROPRIATE MEMBERSHIP			
2012 WCASHRM Student Membership Dues IF National SHRM Member & another chapter is designated with SHRM as your primary chapter	\$20	\$25	
2012 WCASHRM Student Membership Dues IF National SHRM Member & WCASHRM (Chapter #467) is designated with SHRM as your primary chapter (SHRM Membership # Required: _____)	\$0	\$0	
ADDITIONAL FEES THAT MAY BE PAID IN ADVANCE FOR YOUR CONVENIENCE			
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 Student 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: _____)	\$35		
SHRM FOUNDATION			
SHRM Foundation Donation			
TOTAL DUE			

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

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

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: _____

