

MEMBERSHIP APPLICATION

First Name	_ Middle Initial	Last Name	
HR Professional Certification: PH	R 🗆 SPHR 🗆 GPHR	□ SHRM-CP □ SHRM-SCP □ N/A	
Position/Title:			<u> </u>
Business Name*:		Strategic Partner □ Yes	□ No
Business Street Address:			
Business City, State, Zip:			
Business Phone:	Home Pl	hone:	
Home Address:			
Email:			
Are you a member of any other SHF	RM chapters? □ Yes □ would like to change y	our membership affiliation to our chapte	
Please list your name below exactly	as you would like it to	appear on your name badge.	
Important note: Your highest HR Professiona	al Designation will also be in	cluded on your name badge.	
Would you like to learn more about	volunteering with CCS	HRM? □ Yes □ No	
		each member will receive a \$10 discount or	

(membershipccshrm@gmail.com) for more information.

Introducing in 2017...A variety of membership opportunities to better suit your needs:

- Student Rate: \$75
 Retiree Rate: \$75
- \$125 (pro-rated if joining during 3rd or 4th quarters) \$150 (pro-rated if joining during 2nd, 3rd or 4th quarters) 3. Local/National SHRM member*:
- 4. Local/Non-National SHRM Member:
- 5. Transitional: 3 months free (to support our HR colleagues who are out of work at time of renewal or new members joining for the first time. Following first 3 months, regular annual membership fees apply.)

Need another option? FLEX Memberships are available. Please see a Board member for details.

Please make checks payable to: Carolinas Chapter of SHRM Mail check & copy of this invoice to: **CCSHRM** PO Box 11342, Rock Hill, SC 29731