

Date: _____



MEMBERSHIP APPLICATION

First Name _____ Middle Initial _____ Last Name _____

HR Professional Certification: PHR SPHR GPHR SHRM-CP SHRM-SCP N/A

Position/Title: _____

Business Name*: _____ Strategic Partner Yes No

Business Street Address: _____

Business City, State, Zip: _____

Business Phone: _____ Home Phone: _____

Home Address: _____

Email: _____

Are you a current member of the National SHRM organization? Yes No If yes, enter SHRM Member # _____ Are you a member of any other SHRM chapters? Yes No
Our Chapter Number is **0178**. If you would like to change your membership affiliation to our chapter, please sign here and we will take care of this on your behalf.

Would you like to learn more about volunteering with CCSHRM? Yes No

*If 3 or more employees from the same company join CCSHRM, each member will receive a \$10 discount on the 2026 Membership Rate. **Employees must join/renew at the same time to receive discount.** Please contact **Monica Graham, VP-Membership (membershipccshrm@gmail.com) for more information.**

Introducing in 2026...A variety of membership opportunities to better suit your needs:

1. Student Rate: \$75
2. Retiree Rate: \$75
3. Local/National SHRM member*: \$150 (pro-rated if joining during 3rd or 4th quarters)
4. Local/Non-National SHRM Member: \$150 (pro-rated if joining during 2nd, 3rd or 4th quarters)

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