



**SHRM OF CENTRAL NEW JERSEY, INC.  
CONSULTANT MEMBERSHIP APPLICATION**

*All applications subject to Board approval. Memberships are individual and not transferable.*

Name (last, first, middle initial): \_\_\_\_\_

Title \_\_\_\_\_

Accreditation/Certification: SPHR \_\_\_\_\_ PHR \_\_\_\_\_ OTHER \_\_\_\_\_

National SHRM Member Number: \_\_\_\_\_  
(Maintaining National Membership is required for Chapter Membership)

Referred to our Chapter by \_\_\_\_\_

Enclose a check for \$50 calendar year dues payable to:  
SHRM of Central New Jersey

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

Company Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Services Company Provides \_\_\_\_\_

\_\_\_\_\_ No. of Employees in Company \_\_\_\_\_

Would you prefer Chapter mailings to be sent to your home address? If so, complete below:

Home Address: \_\_\_\_\_

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

**Your experience:**

Company Name/ Address	Your Title	Your Responsibilities	Dates of Employment

**Your education (check all that apply):**

High School      Business School Certificate      AA/AS      BA/BS  
 MA/MS/MBA      Doctorate      Enrolled in college degree program now

**Would you be interested in volunteering as an information resource to Chapter members in the following areas (select up to three)?**

Benefits      Employment  
 Compensation      EEO/AAP      Labor Relations      Training/Development  
 Generalist      Administration      Health/Safety      Organizational Development

**I certify that the foregoing information is true and correct and that I have read and understand the Guidelines for Consultant Membership below.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**GUIDELINES FOR CONSULTANT MEMBERSHIP**

- Consultant Members may not use their contact with any other members for the purpose of soliciting business at any meeting or other group function.
- The primary purpose of the Chapter is to provide a forum for the exchange of information and ideas among practicing professionals in the field of Human Resources.
- Human Resources Consultants can make a contribution to the primary purpose of the Chapter.
- All Chapter members must also maintain membership in the National SHRM.
- The number of Consultants permitted to join the Chapter will be limited to no more than 30% of the Regular membership.
- Any violations of the Guidelines for Consultant Membership will result in loss of membership with no refund of dues.
- Consultant Members have the right to vote. Consultant Members who have been active members for two years or more may hold elected office.

## PRIMARY CHAPTER DESIGNATION FORM

*(complete and sign this section unless you are already a member of another SHRM Chapter)*  
I designate Chapter #142 Society for Human Resource Management of Central New Jersey, Inc. to be my primary chapter and I authorize National SHRM to code my membership with this Chapter for all administrative purposes. I understand that this affiliation with SHRM of Central New Jersey in no way precludes me from attending or joining other SHRM Chapters.

FULL NAME \_\_\_\_\_ NAT'L SHRM  
MEMBER NO. \_\_\_\_\_

SIGNATURE x \_\_\_\_\_ DATE \_\_\_\_\_

Form and Dues Payment should be mailed to:  
SHRM of Central NJ, Inc.  
P.O. Box 6151  
Somerset, NJ 08875