



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

*All applications subject to Board approval. Memberships are individual and not transferable.
Attention Consultants: Please request a Consultant Membership Application
Attention National Student Members: Please request a Student Membership Application*

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**

Do you prefer mailings to be sent to: _____ office _____ home

Company Name: _____

Company Address: _____

Company Phone: _____ E-mail: _____

Home Address: _____

Home Phone: _____ Home E-Mail: _____

Your primary responsibilities/accountabilities (rank as 1, 2, 3):

_____ Benefits _____ Employment _____ Compensation _____ Labor Relations
_____ Training/Development _____ Research _____ Generalist _____ Sales
_____ Administration _____ Health/Safety _____ Organizational Development

Would you be interested in volunteering as an information resource to Chapter members on your primary responsibilities? _____ Yes _____ No

Your interest in volunteering to work on a Chapter Committee:

_____ Certification _____ Publicity _____ Newsletter _____ Legislative _____ Membership
_____ Programs _____ Student Chapters _____ Awards _____ By Laws _____ Other

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 _____ TITLE _____

COMPANY NAME _____

NATIONAL SHRM MEMBER NUMBER _____

SIGNATURE x _____ DATE _____

NOTE TO APPLICANTS REGARDING FORMS OF MEMBERSHIP AT CHAPTER #142 SHRM OF CENTRAL NEW JERSEY:
REGULAR MEMBERSHIP: Membership in this category is confined to those persons actively engaged in bona fide human resources work who devote at least 50% of their time to Human Resources as well as Employment Law Attorneys and Academicians. Regular Members may vote and may hold office. Membership in the Chapter is contingent upon having membership in the National organization. Membership is defined on an individual basis, not Corporate or Group basis and is not transferable.

Please mail completed form and dues payment to:
SHRM of Central NJ, Inc.
P.O. Box 6151
Somerset, NJ 08875