



**Chapter #\_\_0614 Chapter Name:** Chester County Human Resources Association

I hereby designate the above named chapter as my primary chapter for SHRM membership coding purposes. I understand that:

1. This in no way precludes membership in other chapters.
2. This allows SHRM to list my membership to this chapter for financial support program purposes only.

**Please type or print:**

**NAME** \_\_\_\_\_ **SHRM MEMBER ID#** \_\_\_\_\_

(You must be a **current national** member of the Society for Human Resource Management to complete this form.) COMPANY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

MEMBER'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

**(Member must sign to validate)**

Please scan and send to [shrm.memberrelations@shrm.org](mailto:shrm.memberrelations@shrm.org)