



SHRM of Southeast Missouri



SHRM OF SOUTHEAST MISSOURI APPLICATION

To qualify for membership:

You must be the individual(s) within their organization who has human resources responsibilities and functions. This is broadly defined as having hiring/firing authority; benefits administration; safety and policy administration; training and organizational development; functional supervision.

NAME: _____

Title: _____ **Phone:** _____

Company: _____ **FAX:** _____

Address: _____ **email:** _____

Would like to receive text reminders about meetings? ___ yes ___ no **Cell #** _____

Are you a member of SHRM? ___ yes ___ no **SHRM Membership #** _____

Type of industry: **Service** **Health Care** **Utilities** **Public Serv.**
 Tourism **Agriculture** **Mfg.** **Education**
Other: _____

Number of employees at your location: _____

Number of employees corporate-wide: _____

Signature _____ **Date** _____

As a general rule, the Association meets on the 2nd Tuesday of each month January through May and September through December. We break during June and July and August is reserved for an annual summer outing.

Dues: \$35 for the 1st member; \$20 each additional member from same company

Remit application and dues to:

SHRM OF SOUTHEAST MISSOURI

C/o Karen Bailey, City of Sikeston

105 E. Center Street

Sikeston, MO 63801

Email: ksbailey@sikeston.org

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