



## Northern Illinois Society for Human Resource Management

### 2017 CORPORATE MEMBERSHIP APPLICATION

Today's Date: \_\_\_\_\_

#### COMPANY INFORMATION

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Company Website: \_\_\_\_\_

#### MEMBER 1 INFORMATION (Primary Contact)

NEW MEMBER       MEMBERSHIP RENEWAL

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

Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Are you a current member of SHRM?

No

Yes

If yes, Membership # \_\_\_\_\_

Are you accredited by SHRM?

No

Yes

If yes,  SPHR  PHR

NISHRM has volunteer opportunities with varying time commitments. Please indicate your committee interest as follows:

Programs & Education

Membership

Legislative

College Relations & Scholarship

Diversity & Inclusion

Marketing & Communications

Finance

#### MEMBER 2 INFORMATION

NEW MEMBER       MEMBERSHIP RENEWAL

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

Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Are you a current member of SHRM?

No

Yes

If yes, Membership # \_\_\_\_\_

Are you accredited by SHRM?

No

Yes

If yes,  SPHR  PHR

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College Relations & Scholarship

Diversity & Inclusion

Marketing & Communications

Finance

**MEMBER 3 INFORMATION** **NEW MEMBER**       **MEMBERSHIP RENEWAL**

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

Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Are you a current member of SHRM?

 No Yes

If yes, Membership # \_\_\_\_\_

Are you accredited by SHRM?

 No YesIf yes,  SPHR  PHR

NISHRM has volunteer opportunities with varying time commitments. Please indicate your committee interest as follows:

 Programs & Education Membership Legislative College Relations & Scholarship Diversity & Inclusion Marketing & Communications Finance**MEMBER 4 INFORMATION** **NEW MEMBER**       **MEMBERSHIP RENEWAL**

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

Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Are you a current member of SHRM?

 No Yes

If yes, Membership # \_\_\_\_\_

Are you accredited by SHRM?

 No YesIf yes,  SPHR  PHR

NISHRM has volunteer opportunities with varying time commitments. Please indicate your committee interest as follows:

 Programs & Education Membership Legislative College Relations & Scholarship Diversity & Inclusion Marketing & Communications Finance**2017 MEMBERSHIP DUES***NISHRM is an individual membership organization. Membership is nonrefundable and nontransferable.* Regular Members (1, 2, 3) \$175.00 Additional Regular Member (4) \$50.00**Primary Contact's Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**METHOD OF PAYMENT** Check Enclosed (*Make check made payable to NISHRM (Taxpayer ID #35-2186258)*) Credit Card via PayPal online at [www.nishrm.org](http://www.nishrm.org) Mail application (and check) to: Kim K. Gordon, NISHRM, VP Finance, c/o 107 W. Witchwood Lane, Lake Bluff, IL 60044