



Chester County Human Resources Association Application for Membership



We trust you will join our membership with Chester County Human Resources Association (CCHRA) for Program Year 2009-2010. To apply for membership, please fill in the information and then check the appropriate boxes below and attach your check made payable to CCHRA. If you are a member of SHRM, please fill in your membership number and sign and date the SHRM Primary Chapter Designation and forward to:

Membership Chair, CCHRA, P.O. Box 82, Exton, PA 19341

Full Name **(Please Print Clearly)**: _____

Certification: _____ Title: _____

Company: _____ Industry: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail Address: _____

Primary Responsibility: _____

Company Size: _____ Department Size: _____

ANNUAL DUES	SHRM PRIMARY CHAPTER DESIGNATION
<p>Please check the membership of your choice:</p> <p>_____ \$200 Convenience Package for Professional Membership (September to June), includes 7 monthly meetings for the price of 6!</p> <p>_____ \$75 Professional Membership (Sept thru June), Monthly meeting fees of \$25 versus \$35 for Non-Members.</p> <p>_____ \$25 Student Membership (September to June), Monthly meeting fees of \$10.</p> <p>Make check payable to CCHRA and mail with completed application to Membership Chair at CCHRA, P.O. Box 82, Exton, PA 19341</p> <p>*above dues exclude the annual all day event</p>	<p>(You must be a current national member of SHRM to complete this section.)</p> <p>SHRM Member ID#: _____</p> <p style="text-align: center;">CHESTER COUNTY HUMAN RESOURCES ASSOCIATION, CHAPTER #614</p> <p>I, hereby, designate the above named chapter as my primary chapter for SHRM membership coding purposes. I understand that:</p> <ol style="list-style-type: none"> 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. <p>Membership Signature: _____</p> <p>Date: _____</p> <p>Member must sign to validate.</p> <p style="color: red; font-weight: bold;">If you are a SHRM member, consider designating CCHRA as your local affiliate. By doing so, a portion of your SHRM membership fee will be shared with CCHRA to subsidize our local programming and services.</p>

Any questions regarding membership, please contact Dena McVicker, Membership Chair at 610-524-9360.