



Application For Membership



2650 S. Hanley Rd., Ste. 100, St. Louis, Missouri 63144
Phone: (314) 892-7994 • Fax: (314) 845-1891
shrmstl@qabs.com • www.shrmstl.org

Member Information

Name _____

Certification

- PHR SPHR GPHR SHRM-CP SHRM-SCP
OTHER _____

Title _____

Company _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Business Email _____

Home Email _____

How did you hear about SHRM St. Louis?

- I am a previous SHRM St. Louis member
 A current member (list member)

Colleague (please explain)

Attended a meeting as a guest

- LinkedIn
 SHRM St. Louis Website
 SHRM
 Student-related source (explain)

Non-SHRM St. Louis event (explain)

Other _____

I hereby apply for membership in SHRM of Greater St. Louis.

Signature _____ Date _____

Membership will be processed within 7-10 business days of receipt of application and payment. You will receive a welcome email containing information about your membership as well as your username and password for the members-only section of the website.

Membership Categories

SHRM St. Louis is an individual membership organization; there are no corporate memberships.

Annual dues are \$295 for regular and business partner members and include all meeting fees.

Memberships are valid for one year from the date of joining. Please select a membership category.

- Regular Member (practitioner of HR)
 Business Partner Member (individual who provides a service or product to HR professionals)
 Student Member - \$75 annually (full-time undergraduate students - attach transcript or other verification of student status)



Payment Options

- Check enclosed (made payable to SHRM St. Louis)
 Credit Card

I authorize SHRMSTL to charge my credit card \$ _____

Name on Card

Credit Card Number

Expiration Date Billing Zip Code

Signature

Volunteer Opportunities

SHRM St. Louis' ability to provide excellent service to our members and to the HR profession is due to the many volunteer efforts of our members. We have a variety of committees, listed below, to which you can be of service. Please check any of the committees for which you'd like to be contacted about participating.

- | | |
|--|---|
| <input type="checkbox"/> Business Partners | <input type="checkbox"/> Certification |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Diversity |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> International |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Legislative Affairs |
| <input type="checkbox"/> Website | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Membership | <input type="checkbox"/> SHRM Foundation |
| <input type="checkbox"/> Programs | <input type="checkbox"/> University Relations |
| <input type="checkbox"/> Social/Networking | <input type="checkbox"/> Young Professionals |
| <input type="checkbox"/> Workforce Readiness | |
| <input type="checkbox"/> Let me know where I can make the most impact! | |



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Demographics

- What is your primary job function? _____
- | | |
|--------------------------|----------------------------------|
| 1) HR Generalist | 2) Administrative |
| 3) Benefits | 4) Compensation |
| 5) Communications | 6) Consultant, Independent |
| 7) Diversity | 8) Consultant, Multi-Person Firm |
| 9) Employee Relations | 10) EEO/Affirmative Action |
| 11) HRIS | 12) Employee Asst. Programs |
| 13) International HRM | 14) Employment/Recruitment |
| 15) Legal | 16) Health, Safety, Security |
| 17) Labor/Ind. Relations | 18) Manage Outsourced HR |
| 19) Relocation | 20) Organizational HR |
| 21) Research | 22) Strategic Planning |
| 23) Training/Dev. | 24) Other _____ |

- What is your job position? _____
- | | |
|------------------------|------------------------------|
| 1) President/CEO | 2) Partner, Principal |
| 3) VP/Asst. VP | 4) Director/Asst. Director |
| 5) Manager, Generalist | 6) Supervisor |
| 7) Specialist | 8) Administrator |
| 9) Coordinator | 10) Representative/Associate |
| 11) Legal Counsel | 12) Academician |
| 13) Consultant | 14) Other _____ |

- Which best describes your industry? _____
- | | |
|-----------------------|----------------------------------|
| 1) Agriculture | 2) Construction, Mining, Gas/Oil |
| 3) Arts/Entertainment | 4) Assn-Professional/Trade |
| 5) Biotech | 6) Education |
| 7) Consulting | 8) Finance/Insurance |
| 9) Legal | 10) Government/Public Admin |
| 11) Retail Trade | 12) Wholesale Trade |
| 13) Manufacturing | 14) Healthcare |
| 15) Pharmaceutical | 16) Information |
| 17) Real Estate | 18) Admin/Support Services |
| 19) Public Sector | 20) Publishing/Media |
| 21) Utilities/Energy | 22) Accommodation/Food Svc |
| 23) Transportation | 24) Telecommunications |
| 25) Other _____ | |

- Number of Employees at Your Location _____
- | | | |
|-------------|--------------|--------------|
| 1) 1-10 | 2) 11-20 | 3) 21-50 |
| 4) 51-100 | 5) 101-250 | 6) 251-500 |
| 7) 501-1000 | 8) 1001-5000 | 9) Over 5000 |

Year You Entered the HR Profession _____

- Certification You Wish to Earn _____
- | | | |
|----------------|-------------|---------|
| 1) PHR | 2) SPHR | 3) GPHR |
| 4) SHRM-CP | 5) SHRM-SCP | |
| 6) Other _____ | | |

- Highest Post-Secondary Education Received _____
- | | |
|-------------------------|---------------|
| 1) Associates/Technical | 2) Bachelor's |
| 3) Master's | 4) J.D. |
| 5) Doctorate | |

- Other HR Related Organizations to which you belong
(select all that apply) _____
- | | | |
|----------------------------|-----------------|------------------|
| 1) SHRM | 2) AAIMEA | 3) ASTD |
| 4) Comp & Benefits Network | 5) EBIA | |
| 6) NAAHR | 7) NHRA | 8) World-At-Work |
| 9) Lewis & Clark SHRM | 10) Other _____ | |

SHRM Membership Information

This information is required if you indicated that you are a member of SHRM.

SHRM Member ID Number _____

SHRM Primary Chapter (if known)
(SHRMSTL Chapter #0013)

Voluntary Self-Identification

Please select the appropriate designation

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African (not Hispanic or Latino)
- Native Hawaiian/Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian/Alaska Native (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

Please check all of the below designations with which you identify

- Female
- Male
- Nonbinary
- Transgender

- Person with a disability

Please complete the following veteran/military information

- Not a veteran
- Separated veteran Discharge Date _____
- Currently active military personnel
 - Branch _____
 - Rank _____
 - Years of Service _____

We look forward to your participation!