



P.O. Box 833 | Germantown, WI 53022-0833
Toll Free: 888-782-6815 | Fax: 888-287-4116 | E-mail: office@mmshrm.org

Membership Enrollment Form

(continues on reverse side)

First Name	M.I.	Last Name
Organization	Title	
Work Address	City/State/Zip	
Home Address	City/State/Zip	
Work Phone	Home Phone	Cell phone
Work E-Mail Address	Home E-Mail Address	Fax

Referred by MM SHRM Member: _____

If you join in:	Please pay the pro-rated dues amount of:	If you join in:	Please pay the pro-rated dues amount of:
June	\$100.00	December	\$50.00
July	\$91.67	January	\$41.67
August	\$83.33	February	\$33.33
September	\$75.00	March	\$25.00
October	\$66.67	April	\$16.67
November	\$58.33	May	\$8.33

Note: Pro-rated dues listed above do not include the \$25.00 New Member Application Fee

STUDENTS—Student members shall be full-time students in a recognized human resource management program. Student members cannot vote or hold office. **\$15.00 / year**

Interested in a reduced-rate two-year membership? Please contact the MM SHRM office for details!

Dues Amount (from above chart): \$ _____ + \$25.00 new member fee (waived if SHRM National Member) = \$ _____
ID Number is required on page 2

Mail form and check (made payable to)	Credit Card
Metro Milwaukee SHRM P.O. Box 833 Germantown, WI 53022	Name on Card: _____
	Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover
	Account #: _____
	Exp. Date: _____ CVV Code: _____

The amount of the annual MM SHRM dues is subject to change and the membership shall be notified of any changes. Annual dues do not include the cost of monthly meetings or committee programs. **Membership dues for MM SHRM are separate from SHRM membership.**

Send Enrollment Form to:

Metro Milwaukee SHRM
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All Information below is collected for the MM SHRM Membership Database only and will not be published or distributed beyond its use for internal research and planning for appropriate member services. Personal information is needed to contact you and forward mail in the event you change organizations.

Job Level:	Position you report to:	Professional Certification(s):
President _____	Chairman/CEO _____	PHR _____
Vice President _____	CEO/COO _____	SPHR _____
Assistant VP _____	President _____	SHRM - CP _____
Director _____	Vice President _____	SHRM - SCP _____
Manager _____	Assistant VP _____	APS _____
Supervisor _____	Director _____	APD _____
Partner/Attorney _____	Manager _____	APM _____
Analyst _____	Supervisor _____	AEP _____
Admin / Staff Assistant _____	Partner _____	CCP _____
Faculty Member _____	Other _____	CBP _____
Student _____		CPT _____
Other _____		CEBS _____
		Other _____

Type of Company/Organization/Industry:	Size of Company/Organization (# of Employees):	Current Base Compensation:
Accommodations/Food Serv. _____	Metro Milwaukee Area _____	<\$35K/Year _____
Arts, Entertainment, Recr. _____	Wisconsin _____	\$35-\$49K/Year _____
Communications _____	National _____	\$50-\$74K/Year _____
Community-Based Org. _____	International _____	\$75-\$99K/Year _____
Education/Social Assistance _____		\$100K+/Year _____
Financial/Insurance _____		
Government _____	Size of HR Department (# of Employees):	
Healthcare/Medical _____	Metro Milwaukee Area _____	
Law Related _____	Wisconsin _____	
Manufacturing _____	National _____	
Non-profit _____	International _____	
Professional Service _____		
Real Estate/Rental/Leasing _____		

Is your company/organization a Federal Contractor or Subcontractor? Yes No

Is your company/organization Unionized? Yes No

Gender: Female Male

Focus Areas (check all that apply)	Education:	Race:
HR Business Partner Resources _____	High School _____	Native American _____
HR Dept of 1 _____	Some College _____	Asian/Pacific Islander _____
Legislative/Legal _____	Bachelor's Degree _____	African American _____
Performance/Development _____	Some Graduate Work _____	Hispanic _____
Talent Acquisition _____	Master's Degree _____	Caucasian _____
Total Rewards _____	MBA _____	Other _____
Diversity, Readiness & Inclusion _____	Doctorate _____	
	Other _____	

Start Year in HR: _____

I agree to receive Email communications from MM SHRM Yes No

Who typically pays your membership dues? Self Organization

*Are you a member of SHRM? Yes No

If yes, what is your SHRM No.? _____

In consideration for the benefits garnered from membership in MM SHRM, I agree that MM SHRM will charge annual membership dues, in the amount set forth above, to my credit card. Additionally, I grant MM SHRM the right to record my image and/or voice on photographs, films, audio, video, and other digital media at MM SHRM events, conferences, or programs, to edit these recordings in MM SHRM's sole discretion, to incorporate these recordings into print media, audio, video, internet, or in any manner of media now known or later developed, and to use these recordings for purposes of publicity, advertising, and promotion. The sole consideration for the foregoing shall be my right to participate in MM SHRM events. Aside from the same, I shall not receive any royalties, payments, or other compensation, and MM SHRM shall be the sole owner of all intellectual property and other rights to these recordings regardless of the form in which they are produced or used.

I have read, understood and agree to the foregoing terms.

Signature

Date