



2011+2012 MC-SHRM Membership Renewal

Montgomery County Society for Human Resource Management (Chapter # 0592)

Send completed MC-SHRM Renewal form with payment to: ♦ P.O. Box 8796, The Woodlands, Texas 77387

♦ Phone: 936-321-2370

♦ www.mc-shrm.org

♦ kfox@foxresource.com

NAME: _____

EMAIL: _____

COMPANY NAME: _____

POSITION/TITLE: _____

For Membership/Renewal to be processed, the following items must be included:

- Completed MC-SHRM Membership Renewal form - signed and dated
- Contact Data Sheet – (included) please note any changes or corrections

Note: Business contact information to be used for MC-SHRM roster unless otherwise specified on Renewal form (i.e. first email address listed will be used for member communication list, home information optional, but helpful if/when other contact data is no longer accessible or accurate, as in job change, etc.)

- SHRM Primary Chapter Designation form, Only if MC-SHRM Member is also a "National" SHRM Member
 - Completed Invoice with Check for Dues and/or Fees – (i.e. Required Processing, Optional Advance Monthly Meeting Fee, etc.)
- Remit to MC-SHRM - P.O. Box 8796, The Woodlands, Texas 77387**

Company Size: 25 or Less 26 – 50 51 – 100 101 – 250 251 – 500 501 – 1000 Other # _____

Title Level Code:	Job Function Code:	Industry (for Member Roster)	Committee Interest
<input type="checkbox"/> President/Owner/Principal <input type="checkbox"/> Vice President <input type="checkbox"/> Asst. Vice President <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Asst. Mgr. Or Asst. Director <input type="checkbox"/> Supervisor <input type="checkbox"/> Administrator <input type="checkbox"/> Professor/Associate/Assistant <input type="checkbox"/> Representative/Advisor <input type="checkbox"/> HR Assistant (Administrative) <input type="checkbox"/> Specialist _____ <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> HR Generalist <input type="checkbox"/> Benefits <input type="checkbox"/> Compensation <input type="checkbox"/> Compensation & Benefits <input type="checkbox"/> Employment/Recruitment <input type="checkbox"/> Health, Safety, Security <input type="checkbox"/> Labor Relations <input type="checkbox"/> Personnel Research <input type="checkbox"/> Training & Development <input type="checkbox"/> EEO/Affirmative Action <input type="checkbox"/> HRIS <input type="checkbox"/> Employee Relations <input type="checkbox"/> Organizational Development <input type="checkbox"/> Operations <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Agriculture, Forestry, Fishing <input type="checkbox"/> Chemical/Refining <input type="checkbox"/> Computer Technology/Service <input type="checkbox"/> Consulting (Specify Type Below) _____ <input type="checkbox"/> Educational Services <input type="checkbox"/> Energy Related <input type="checkbox"/> Engineering/Construction <input type="checkbox"/> Financial <input type="checkbox"/> Government (Type) _____ <input type="checkbox"/> Healthcare <input type="checkbox"/> Hospitality (Hotel / Restaurant) <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Media <input type="checkbox"/> Non-Profit <input type="checkbox"/> Oil & Gas/ Services <input type="checkbox"/> Real Estate <input type="checkbox"/> Retail <input type="checkbox"/> Telecommunications <input type="checkbox"/> Transportation <input type="checkbox"/> Utilities <input type="checkbox"/> Other (Specify Below) _____	<input type="checkbox"/> Career Services <input type="checkbox"/> Communications <input type="checkbox"/> Diversity <input type="checkbox"/> Finance <input type="checkbox"/> Greeting @ Meeting <input type="checkbox"/> Legislative Action <input type="checkbox"/> Membership <input type="checkbox"/> Programs <input type="checkbox"/> School-to-Work <input type="checkbox"/> Special Projects <input type="checkbox"/> Student Affairs <input type="checkbox"/> Other (Specify Below) _____

Membership Categories: Please review and select the membership category that best matches your qualifications

Membership in the MC-SHRM Chapter (#0592) is held in the individual's name, not an organization with which the member is affiliated. Therefore, membership is neither transferable nor assignable. Membership in MC-SHRM is separate and apart from membership in the "National" SHRM organization or other chapters of SHRM located elsewhere in the U.S. Membership in "National" SHRM or other local chapters of SHRM does not constitute membership in MC-SHRM.

**** New and/or Lapsed Membership Applications Require Processing Fee (\$25 =Professional, General or Associate; \$10 =Student)**

2011+2012 Annual Membership Fee \$ 75 - Local Membership if Current "National" SHRM Member # _____**

* Refer to By-Laws for complete definitions

\$ 110 - Local Membership Only

**Required to process at discount price

PROFESSIONAL MEMBER*: Practitioners of human resource management at the exempt-level for at least three years; or individual certified by HRCI; or faculty member holding at least an assistant professor rank in HR; or a full-time consultant or attorney with at least three years HR related experience. Professional members may vote and hold office, chair or serve on committees in the Society.

GENERAL MEMBER*: Individuals engaged in human resource management at the exempt or non-exempt level, but they do not meet the requirements for Professional membership. General Members may vote and hold office, chair or serve on committees in the Society.

ASSOCIATE MEMBER*: Individuals who do not meet the requirements of other membership categories, including service providers, but demonstrate, to the satisfaction of the organization, a bona fide interest in HR and purpose of the Chapter. Associate members must be a "National" SHRM member, in good standing, prior to consideration for MC-SHRM membership. Associate Members may not have more than two representatives from their company as current MC-SHRM members. Associate Members may not vote or hold office and may chair or serve on committees in the Society.

2011+2012 Annual Membership Fee \$30 (Please include documentation of Current Student Status)

STUDENT MEMBER*: Individuals who are actively enrolled in degree programs at the college or university level with a bona fide interest in human resource management. Student members may not vote, hold office or chair committees, and may serve on committees in the Society.

"National" – SHRM:

- Yes, I am currently a National SHRM Member # _____ Expiration ____ - ____
- No, I am not a Current SHRM Member
- I am interested, please provide more information Not interested, no further information needed

HRCI Certification:

- PHR Expiration: ____ - ____
- SPHR Expiration: ____ - ____
- Other _____ Expiration: ____ - ____

HR Affiliation(s): I am currently a member of: HR Houston Bay Area HRM Association Other (Specify) _____

Statement of Ethics: The Montgomery County SHRM adopts "National" SHRM's Code of Ethics for members of the Chapter in order to promote and maintain the highest standards among its members. Each member shall honor, respect and support the purpose of this Chapter and SHRM. The Chapter shall not be represented as advocating or endorsing any issue unless approved by the Board of Directors. No member shall actively solicit business from any other member at Chapter meetings or through the use of information provided to him/her as a member of the Chapter without the approval from the Board of Directors.

Membership Dues: Membership dues are payable annually, by January 31st, in advance for the upcoming membership year (January 1-December 31). I understand my membership will not start until MC-SHRM receives proper documentation and processes my payment. I agree to abide by the Chapter Constitution and By-Laws. I will report any change in my employment status to the VP/Membership. I hereby apply for renewal of membership in Montgomery County Society for Human Resource Management and agree to pay current applicable membership dues.

Print Name _____ Signature _____ Date _____

(Revised 07-01-10 for 2011+2012)

Date Received _____ Check# _____
 Date Approved _____ Member# _____
 Date Entered _____ Entered By _____