



PO Box 144  
 Alexandria, MN 56308  
 EIN: 87-0724830

Providing inspiration to Human Resources Professionals through professional and organizational development opportunities, networking, and community citizenship. We offer both SHRM and HRCI Credits.



## 2019/2020 Dues Invoice

### Member Information

Name:	HR Specialty: <input type="checkbox"/> Comp/Benefits <input type="checkbox"/> Safety <input type="checkbox"/> Training <input type="checkbox"/> Generalist <input type="checkbox"/> Other _____
Organization:	Industry:
Title:	Certification: <input type="checkbox"/> SHRM-CP <input type="checkbox"/> SHRM-SCP <input type="checkbox"/> PHR <input type="checkbox"/> SPHR <input type="checkbox"/> GPHR
Address: City, State, ZIP Code:	
Work Phone #:	
E-mail address:	

**Membership Dues:** Please return invoice with payment to the address listed above.

**Membership is non-transferrable.**

- \$75.00 (National SHRM Member)  
     National SHRM Member ID # \_\_\_\_\_ Renewal Date \_\_\_\_\_
- \$100.00 (Local Chapter Member only)

**Referred by:** \_\_\_\_\_

Participation on one or more of our various teams provides an important opportunity for members to connect with others and become involved in the planning for our signature events and programs. I am interested in sharing my talents with the following team(s):

- |                                                                                                       |                                                                                                            |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| _____ Membership<br>_____ Student Chapter<br>_____ Program Planning<br>_____ Wage and Benefits Survey | _____ Certification<br>_____ Board/Leadership<br>_____ Member Services<br>_____ Donations and Scholarships |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|

For Office Use Only

Total Dues Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_