



PINE BELT HUMAN RESOURCES ASSOCIATION

2024 APPLICATION FOR MEMBERSHIP

[HTTP://PINEBELTHRA.SHRM.ORG](http://PINEBELTHRA.SHRM.ORG)
PINEBELTHRASSOCIATION@GMAIL.COM

Company Name: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

By joining the Pine Belt Human Resources Association, it is understood that the primary purpose of this organization is to further professionalism and the knowledge of its members. In keeping with that purpose, I understand and agree that:

- I will not actively solicit business from any member either at meetings or through the use of information provided to me as a member of the chapter, i.e., Membership Directory.
- Membership in SHRM and this chapter may be included with my professional qualifications but cannot be used to solicit endorsement by the chapter.
- I will assist in the "networking" of chapter members by sharing general knowledge in my areas of expertise to advance the knowledge of all members.
- If invited to make a presentation to members, it will be viewed as an opportunity to educate and inform members on the topic rather than as a primary business opportunity. However, materials provided in conjunction with such presentations may contain information concerning business interest.

Member Information:

Name: _____

Job Title: _____

Email: _____ Telephone: _____

National SHRM Member? YES ___ NO ___ National SHRM ID#: _____

Certifications:

SHRM-CP _____ SHRM-SCP _____ PHR _____ SPHR _____



CHAPTER MEMBERSHIP DUES

Membership is based on a calendar year and is not pro-rated.

MEMBERSHIP TYPE	AMOUNT	# of MEMBERS	# OF MEMBERS TOTAL	TOTAL
Local Professional Membership	\$50.00			
Local Professional Membership (SHRM National Member)	\$40.00			
Student Membership	\$0.00			

Return your payment and application to:

TOTAL AMOUNT PAID: _____

Make Checks Payable to:
Pine Belt Human Resource Association

Pine Belt Human Resource Association
ATTN: Membership
P.O. Box 15666
Hattiesburg, MS 39404

INTERESTED IN VOLUNTEERING?

We would love for you to be involved! Please check the appropriate box(es) below to indicate your interests:

	Membership		Social Media
	Public Relations		Speaker / Monthly Meeting Coordination
	Leadership		Legislative
	Hospitality & Events		Workforce Readiness

DID SOMEONE INVITE YOU TO JOIN US?

If so, we would like to thank them!

I was referred by: _____



ADDITIONAL MEMBERSHIPS (if needed):

Member Information:

Name: _____

Job Title: _____

Email: _____ Telephone: _____

National SHRM Member? YES ___ NO ___ National SHRM ID#: _____

Certifications:

SHRM-CP _____ SHRM-SCP _____ PHR _____ SPHR _____

Member Information:

Name: _____

Job Title: _____

Email: _____ Telephone: _____

National SHRM Member? YES ___ NO ___ National SHRM ID#: _____

Certifications:

SHRM-CP _____ SHRM-SCP _____ PHR _____ SPHR _____

Member Information:

Name: _____

Job Title: _____

Email: _____ Telephone: _____

National SHRM Member? YES ___ NO ___ National SHRM ID#: _____

Certifications:

SHRM-CP _____ SHRM-SCP _____ PHR _____ SPHR _____

