



Local Chapter Membership Application

First Name: _____ Last Name: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell: _____ Email: _____

Job Title: _____ Total Years of HR Experience: _____

Nature of Business: _____

Number of employees in your department: _____ Number of employees in your Company: _____

Check the boxes of all the following functions you perform:

- | | |
|---|---|
| <input type="checkbox"/> Policies & Procedures | <input type="checkbox"/> Employee Recognition |
| <input type="checkbox"/> Recordkeeping | <input type="checkbox"/> Wage & Salary Administration |
| <input type="checkbox"/> Recruitment | <input type="checkbox"/> Benefits Administration |
| <input type="checkbox"/> Affirmative Action/EEO | <input type="checkbox"/> Career Planning |
| <input type="checkbox"/> Training & Development | <input type="checkbox"/> Morale Building |
| <input type="checkbox"/> Labor Relations | <input type="checkbox"/> Independent Consultant |
| <input type="checkbox"/> Safety & Health | <input type="checkbox"/> Independent or Outside Recruiter |
| <input type="checkbox"/> Employee Relations | <input type="checkbox"/> Other _____ |

Referral Code: _____

SHRM Member: Yes No If Yes, Membership Number: _____

HR Certification: PHR SPHR SHRM-CP SHRM-SCP Other (_____)

Chapter Interested in Joining:

- Concord #0462 Keene #0683 Lebanon, NH/White River Junction, VT #0606
 Manchester #0198 Nashua #0360 Portsmouth #0451 Salem #0657

Signed: _____ Date: _____

Please return your Membership Application to:
**GSHRC SHRM booth or email to
Catharine Mirabile, SPHR, SHRM-SCP
cmirabile@cqibenefitsgroup.com**

Additional information may be requested by the local chapter prior to decision of membership approval. Each chapter retains its own by-laws on membership requirements and you will be notified by email of your membership status directly from the local chapter.

Thank You for your interest in joining New Hampshire's local SHRM affiliate chapters!!