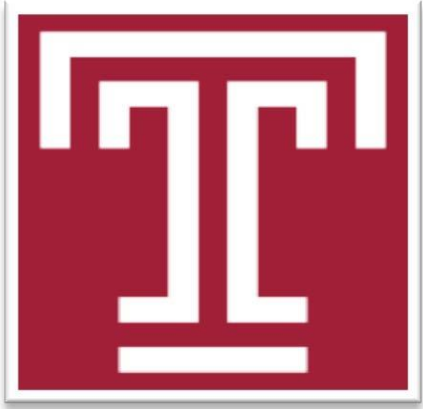


Application for Membership



Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____)-(____)-(____) Temple Email Address: _____

Birth Date: _____ Major: _____

Year: (Circle One) Freshman Sophomore Junior Senior Graduate

Expected Graduation (M/Y): _____ Other Involvement? _____

Membership Type: (Circle One) *Full Year (\$60) *Semester (\$30)

(Circle One) *New Member *Returning Member

National SHRM ID (If Applicable): _____ ****PLEASE PRINT CLEARLY****



Fall 2016 & Spring 2017

*Meetings are Wednesday's 12:00pm-12:50, Speakman Hall 114

*Dues are \$60 for the calendar year and \$30 for the semester

*Membership includes FREE MERCHADISE

*Make check payable to TEMPLE SHRM

*Questions? Please e-mail Nicholas Fieo (nicholasfieo@temple.edu)

Only for SHRM Officer | Cash or Check | Receipt #: _____