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| **Last Name:** | | | | | Click here to enter text. | | | | | | **First Name:** | | | | | | Click here to enter text. | | | | **MI:** | | | Click here | |
| **Jr., Sr., PhD., Etc.** | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | |
| **Certification:** | | | | | | **PHR** | | | | | | **SPHR** | | | | | | | **Other** | | | | | |
| **Title:** | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| **Company Name:** | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | |
| **Company Address:** | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | |
| **City:** | | Click here to enter text. | | | | | | | | | | | | **State:** | | | Click here | | | **Zip:** | | Click here | | |
| **Phone #:** | | | | Click here to enter text. | | | | | | | | | | | **Fax #:** | | | Click here to enter text. | | | | | | |
| **Email Address:** | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| **Home Address:** | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| **City:** | Click here to enter text. | | | | | | | | | | | | **State:** | | | Click here | | | | **Zip:** | | | Click here | |
| **Home Phone #:** | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| **Send To:** | | | | | | | | | | **Home** | | | | | | **Company** | | | | | | | | |

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| NESHRM Membership Dues | | | | | | | |
| $35 SHRM Members (SHRM #: Click here to enter text.) | | | | | | $50 Non-SHRM Members | |
| Method of Payment: | Cash | | | Check (Check #: Click here ) | | | Pay Online (PayPal) |
| We are pleased to offer you the ability to pay your membership dues on-line with a credit card via PayPal. PayPal payments can be made by visiting our website at https://neshrm.shrm.org. **Completed membership application must be returned to NESHRM regardless of payment method. Application can be sent via email to: julie.doody@aroostookaging.org or mailed to the address below.** | | | | | | | |
| Make Checks Payable to: NESHRM | | | | | | | |
| Mail To: NESHRM  P.O. Box 1572  Presque Isle, ME 04769 | | | | | | | |
| Payment Received: | | Click here to enter text. | | | | | |
| Treasurer Signature: | | | Click or tap here to enter text. | | Date Received: | | Click to enter a date. |