



2016 Membership Application

Last Name: _____ First Name: _____ MI: _____

Jr., Sr., PhD., Etc. _____

Certification: ☐ PHR ☐ SPHR ☐ Other

Title: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Send Mail To: ☐ Home ☐ Company

NESHRM Membership Dues

☐ \$25 SHRM Members (SHRM #: _____) ☐ \$40 Non-SHRM Members

Method of Payment: ☐ Cash ☐ Check (check #: _____) ☐ Pay On-Line (PayPal)

We are pleased to offer you the ability to pay your membership dues on-line with a credit card via PayPal. If you are using this method of payment, please be sure to complete and return the Membership Application form to the address below.

Make Checks Payable to: NESHRM

Mail To: NESHRM
P.O. Box 1572
Presque Isle, ME 04769

Payment Received: _____

Treasurer Signature: _____ Date Received: _____