



## 2017 Membership Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Jr., Sr., PhD., Etc. \_\_\_\_\_

Certification:  SHRM-CP  SHRM-SCP  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 Online (PayPal)

We are pleased to offer you the ability to pay your membership dues online 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: \_\_\_\_\_