

Primary Chapter Designation Form

Chapter # 0749

Chapter Name: SHRM of Southwest Kansas

I hereby designate the above named chapter as my primary chapter for SHRM membership coding purposes. I understand that:

1. This in no way precludes membership in other chapters.
2. This allows SHRM to list my membership to this chapter for financial support program purposes only.

Please type or print:

NAME

SHRM MEMBER ID #

(You must be a **current national** member of the Society for Human Resource Management to complete this form.)

COMPANY NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE #:

FAX#:

E-MAIL:

DATE

MEMBER'S SIGNATURE

(Member must sign to validate)

Please scan and return to shrm.memberrelations@shrm.org