

Dear Illinois Fox Valley SHRM Member:

We are excited about the continued growth and development of our Fox Valley SHRM chapter as we plan for 2019. We hope you plan to remain with us as we grow!

Your Illinois Fox Valley SHRM membership is an annual membership and will **expire on December 31st, 2018**. Our Board voted unanimously to keep dues amounts the same as last year.

Please remember that our chapter is a “100% SHRM chapter” which means you must keep your membership with national SHRM up to date at *all times during the year*.

Dues: All memberships are for the period of January through December:

Renewing Primary Member (first member from a company)  **Due 12/31/18 $100.00**

Renewing Secondary Member (additional members from company) **Due 12/31/18 $ 80.00**

Student Member - HR Related Field of Study **Due 12/31/18**  **$ 50.00**

Transitional Member – contact VP Membership to discuss options.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National SHRM Membership ID# (Required for Membership) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National SHRM Membership Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National SHRM Membership Type: Professional ❑ General ❑ Associate ❑ Student ❑

HR Certifications: SPHR ❑ PHR ❑ SHRM-SCP ❑ SHRM-CP ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(SHRM Purposes Only) Check Number: \_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_ SHRM Membership Verified: \_\_\_\_\_\_\_\_