



# ANCHORAGE SOCIETY FOR HUMAN RESOURCE MANAGEMENT

**Chapter Application Form**  
**Chapter Name: Anchorage SHRM**  
**Chapter: #200**

We would like to invite you to become part of the Anchorage SHRM chapter!  
*There is no additional cost*, but chapter application will enable you to receive discounts on certain events and be included in our mailing lists for luncheons and other events.

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 fill out this form completely** including personal information in case you switch jobs. Thank you!

Name:	SHRM Member ID (required):
(You must be a current national member of the Society for Human Resource Management to complete this form.)	
Title:	
Company:	Certification:
Work Address:	City/State/Zip:
Home Address:	City/State/Zip:
Work Phone:	Cell Phone:
Work Email:	
Personal Email:	
Today's Date:	
Member's Signature:	

(Signature is needed to validate)



**Return Your Completed Form to:**  
 ASHRM Membership Committee  
 Email to [ashrm.membership@gmail.com](mailto:ashrm.membership@gmail.com)  
 If you have questions please email us or call the current ASHRM Membership Chair.