



CLSHRM Chapter #0367 Membership Application / Membership Information Update Form

Date: _____

Referred By: _____

Member Information

New Membership Update Member Information

Ms. Mrs. Mr. Dr. Other _____

First/Given Name Middle Initial Last Name

Jr. Sr. Ph.D. Other _____

Birth Month _____ Day _____

Certifications: PHR SPHR GPHR

Other: _____

Are you a member of SHRM? YES NO

If yes, what is your SHRM Member ID? _____

Company Name: _____

Position / Job Title: _____

Company Address 1: _____

Company Address 2: _____

City _____

State _____ Zip _____

Telephone # _____ Fax # _____

E-mail address _____

Home Address 1: _____

Home Address 2: _____

City _____

State _____ Zip _____

Telephone # _____ Fax # _____

Home E-mail address _____

Send Mail to: Home Company

I give permission for my picture or likeness to be printed in CLSHRM newsletter or posted on CLSHRM website for social media pages. Yes No

Dues Information

Membership Dues are paid annually.

\$50.00

Meal Information

Members pay for meals at 8 meetings per year. Meals are \$15 each and may be paid in advance or paid monthly at the meeting.

Annual Meals \$120.00

I will prepay for _____ meals at \$15 each \$_____

I will pay at each meeting that I attend

Payment Information

Check Enclosed

Check # _____ Amount \$ _____

Send Invoice to: Company Address Home Address

I give permission for my information to be distributed in roster form to other CLSHRM members.

I hereby apply for membership in the Central Louisiana Society for Human Resource Management and agree to abide by all rules and procedures as stated in the By-Laws.

Signature _____

Date _____

Demographic Information

What is your primary job function?

- HR Generalist
- HR Specialist
- Administrative
- Benefits
- Communications
- Compensation
- Consultant
- Diversity
- EEO/Affirmative Action
- Employee Assistance Programs
- Employee Relations
- Employment/ Recruitment
- Health, Safety, Security
- HRIS
- Labor / Industrial Relations
- Legal
- Organizational Development
- Strategic Planning
- Training/Development
- Other _____

What is your job position?

- President, CEO, Chairman
- Partner, Principal
- CHRO, CHCO
- VP or Asst/Assoc VP
- Director or Asst/Assoc Director
- Manager, Generalist
- Supervisor
- Administrator
- Coordinator
- Legal Counsel
- Consultant
- Other _____

How many individuals are employed at your organization?

- 1 - 100
- 101 - 250
- 251 - 500
- 501 - 750
- 751 - 1000
- Over 1000

What is the size of your organization's HR department?

- 1 - 5
- 6 - 10
- 11 - 25
- Over 25

Does your company have global operations?

- Yes No

What is your gender?

- Female Male

Return completed application & payment by mail to:

CLSHRM
PO Box 4645
Pineville, LA 71361-4645

Or e-mail:

LaWanda@rapidesfoundation.org

HR Information and Interests

What year did you begin your HR career?

What are your areas of interest in HR? (Select all that apply.)

- Benefits
- Compensation
- Diversity, EEO, Affirmative Action
- Employee Assistance Programs
- Employee Relations
- Health, Safety, Security
- HR Consulting
- HRIS, Technology
- Labor / Industrial Relations
- Measurement, Metrics
- Organizational Development
- Relocation
- Staffing, Recruitment, Retention
- Strategic Planning
- Training/Development
- Workforce Law, Compliance
- Workplace Planning, Readiness
- Other: _____

Would you be interested in volunteering for CLSHRM positions (officer or committee chairperson)? If yes, select all that apply.

- No, I am not interested in serving
- President Elect for upcoming year
- Secretary
- Treasurer
- Vice President of Membership
- Vice President of Public Relations / Marketing
- Certification Committee Chair
- College Relations Committee Chair
- Diversity Committee Chair
- Financial Audit Committee Member
- Meeting Planning and Topic Selection Committee Member
- Membership Committee Member
- Seminar Committee Member
- SHRM Foundation Committee Chair
- Student Social Event Committee Member
- Workforce Readiness Committee Chair
- Work with or sponsor student SHRM chapter
- Assist with event planning, hosting and execution

Thank you for your interest in CLSHRM. We look forward to seeing you at our meetings and chapter events.

*Regards,
CLSHRM Board of Directors*

FOR CLSHRM USE ONLY

Date Received: _____

- Applicant notified of receipt of application
- Payment received and deposited
- Information added to Membership Roster
- Information sent to CLSHRM Board members