



# MEMBERSHIP APPLICATION

## MEMBER INFORMATION

New Membership  Membership Renewal

First Name \_\_\_\_\_  
Nickname \_\_\_\_\_  
Middle Initial \_\_\_\_\_  
Last Name \_\_\_\_\_

Certifications (check all that apply)

- SHRM-CP  SHRM-SCP  PHR  SPHR  GPHR  
 APS  APD  APM  AEP  CCP  CBP  CPT  
 CEBS  Other \_\_\_\_\_

Position/Job Title \_\_\_\_\_  
Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Company e-mail \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Home e-mail \_\_\_\_\_  
Preferred Contact  Company  Home  
Member of SHRM National?  Yes  No  Not Sure  
I was referred by \_\_\_\_\_

## MEMBERSHIP DETAILS

**Membership to Metro Milwaukee SHRM is \$125.00**

**Your membership will be good for one year from the date your payment is received and processed.**

**I understand my membership will not start until MM SHRM receives and processes my payment.**

MM SHRM annual dues are not deductible as charitable contributions for federal income tax purposes but may be deductible as ordinary and necessary business expenses.

I hereby apply for membership in Metro Milwaukee Society for Human Resource Management and agree to pay the current applicable membership dues. I grant MM SHRM the right to record my image and/or voice on photographs, films, audio, video, and other digital media at MM SHRM events, conferences, or programs, to edit these recordings in MM SHRM's sole discretion, to incorporate these recordings into print media, audio, video, internet, or in any manner of media now known or later developed, and to use these recordings for purposes of publicity, advertising, and promotion. The sole consideration for the foregoing shall be my right to participate in MM SHRM events. Aside from the same, I shall not receive any royalties, payments, or other compensation, and MM SHRM shall be the sole owner of all intellectual property and other rights to these recordings regardless of the form in which they are produced or used.

**Text Messaging.** By checking this box, I authorize MM SHRM to send text messages to me and understand that applicable messaging rates may apply. Text messages will be sent with low frequency and may include reminders about upcoming meetings, events, renewals, etc. I understand that I can withdraw this authorization in my member profile or by replying STOP to any text message.

### Mail Form and Check to:

**Metro Milwaukee SHRM  
P.O. Box 833  
Germantown, WI 53022**

### Credit Card:

Name on Card: \_\_\_\_\_  
Type of Card: \_\_\_\_\_ MasterCard Visa AmEx Disc  
Account #: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

### Credit Card Payments:

*Send to:*

**office@mshrm.org  
FAX: 888/287-4116**

Billing Address: \_\_\_\_\_  
E-mail Address (for receipt): \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

Please complete the following. This information assists us in analyzing the demographics of our membership and helps us provide personalized content as well as new programming.

### What are your areas of interest in HR? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Communications                     | <input type="checkbox"/> HR Consulting                     |
| <input type="checkbox"/> Compensation/Benefits              | <input type="checkbox"/> HR Department of One              |
| <input type="checkbox"/> Diversity, EEO, Affirmative Action | <input type="checkbox"/> HRIS, Technology                  |
| <input type="checkbox"/> Employee Assistance Programs       | <input type="checkbox"/> Labor/Industrial Relations        |
| <input type="checkbox"/> Employee Relations                 | <input type="checkbox"/> Legislative/Regulation/Compliance |
| <input type="checkbox"/> Ethics                             | <input type="checkbox"/> Organizational Development        |
| <input type="checkbox"/> Health & Wellness, EAPs            | <input type="checkbox"/> Strategic Planning                |
| <input type="checkbox"/> Health, Safety, Security           | <input type="checkbox"/> Talent Acquisition                |
| <input type="checkbox"/> HR Business Partner                | <input type="checkbox"/> Training & Development            |
|   | <input type="checkbox"/> Workforce Readiness               |

### What is your job level?

- |  |  |
|--|--|
| <input type="checkbox"/> President, CEO, Chairman        | <input type="checkbox"/> Administrator             |
| <input type="checkbox"/> Partner, Principal              | <input type="checkbox"/> Coordinator               |
| <input type="checkbox"/> CHRO, CHCO                      | <input type="checkbox"/> Representative, Associate |
| <input type="checkbox"/> VP or Asst/Assoc VP             | <input type="checkbox"/> Administrative Assistant  |
| <input type="checkbox"/> Director or Asst/Assoc Director | <input type="checkbox"/> Legal Counsel             |
| <input type="checkbox"/> Manager, Generalist             | <input type="checkbox"/> Academician               |
| <input type="checkbox"/> Supervisor                      | <input type="checkbox"/> Consultant                |
| <input type="checkbox"/> Specialist                      | <input type="checkbox"/> Student/Intern            |
|  | <input type="checkbox"/> Other _____               |

### What is your primary specialty? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> HR Generalist                | <input type="checkbox"/> Employee Relations         |
| <input type="checkbox"/> Administrative               | <input type="checkbox"/> Employment/Recruitment     |
| <input type="checkbox"/> Administrator                | <input type="checkbox"/> Health, Safety, Security   |
| <input type="checkbox"/> Benefits                     | <input type="checkbox"/> HRIS                       |
| <input type="checkbox"/> Communications               | <input type="checkbox"/> Labor/Industrial Relations |
| <input type="checkbox"/> Compensation                 | <input type="checkbox"/> Legal                      |
| <input type="checkbox"/> Consultant–Independent       | <input type="checkbox"/> Manage Outsourced HR       |
| <input type="checkbox"/> Consultant–Multi-person Firm | <input type="checkbox"/> Organizational Development |
| <input type="checkbox"/> Diversity                    | <input type="checkbox"/> Research                   |
| <input type="checkbox"/> EEO/Affirmative Action       | <input type="checkbox"/> Strategic Planning         |
| <input type="checkbox"/> Employee Asst. Programs      | <input type="checkbox"/> Talent Acquisition         |
|   | <input type="checkbox"/> Training/Development       |
|   | <input type="checkbox"/> Other _____                |

### # individuals employed at your organization worldwide

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> 1-24    | <input type="checkbox"/> 500-999       |
| <input type="checkbox"/> 25-49   | <input type="checkbox"/> 1,000-2,499   |
| <input type="checkbox"/> 50-99   | <input type="checkbox"/> 2,500-4,999   |
| <input type="checkbox"/> 100-249 | <input type="checkbox"/> 5,000-9,999   |
| <input type="checkbox"/> 250-499 | <input type="checkbox"/> 10,000-24,999 |
|                                  | <input type="checkbox"/> 25,000+       |

### Size of your organization's HR department worldwide

- |                                |                                       |
|--------------------------------|---------------------------------------|
| <input type="checkbox"/> 0-1   | <input type="checkbox"/> 25-49        |
| <input type="checkbox"/> 2-4   | <input type="checkbox"/> 50-99        |
| <input type="checkbox"/> 5-9   | <input type="checkbox"/> 100 and over |
| <input type="checkbox"/> 10-24 |                                       |

### Which of the following best describes your industry?

- |  |   |
|--|---|
| <input type="checkbox"/> Arts, Entertainment, Recreation   | <input type="checkbox"/> Insurance                        |
| <input type="checkbox"/> Association–Professional/Trade    | <input type="checkbox"/> Manufacturing                    |
| <input type="checkbox"/> Biotech                           | <input type="checkbox"/> Nonprofit                        |
| <input type="checkbox"/> Construction                      | <input type="checkbox"/> Pharmaceutical                   |
| <input type="checkbox"/> Consulting                        | <input type="checkbox"/> Media                            |
| <input type="checkbox"/> Education–K-12                    | <input type="checkbox"/> Real Estate, Rental, Leasing     |
| <input type="checkbox"/> Education–Colleges & Universities | <input type="checkbox"/> Retail/Wholesale Trade           |
| <input type="checkbox"/> Finance                           | <input type="checkbox"/> Professional Services            |
| <input type="checkbox"/> Govt/Public Admin                 | <input type="checkbox"/> Telecommunications               |
| <input type="checkbox"/> Health Care                       | <input type="checkbox"/> Transportation, Warehousing      |
| <input type="checkbox"/> High-Tech                         | <input type="checkbox"/> Utilities, Energy                |
| <input type="checkbox"/> Hospitality                       | <input type="checkbox"/> Waste Mgmt, Remediation Services |
|  | <input type="checkbox"/> Other _____                      |

### About Your Company (check all that apply)

- |  |
|--|
| <input type="checkbox"/> Federal Contractor or Subcontractor |
| <input type="checkbox"/> Unionized                           |

### Generation you identify with (check all that apply)

- |   |
|---|
| <input type="checkbox"/> Silent Generation (1928-1945)        |
| <input type="checkbox"/> Baby Boomers (1946-1964)             |
| <input type="checkbox"/> Generation X (1965-1980)             |
| <input type="checkbox"/> Millennials/Generation Y (1981-1996) |
| <input type="checkbox"/> Generation Z (1997-2009)             |
| <input type="checkbox"/> Generation Alpha (2010-present)      |

### Race

- |   |
|---|
| <input type="checkbox"/> African American/Black |
| <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Caucasian/White        |
| <input type="checkbox"/> Hispanic/Latin X       |
| <input type="checkbox"/> Native American        |
| <input type="checkbox"/> Multi-racial           |
| <input type="checkbox"/> Other                  |

### Gender

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Non Binary  |
| <input type="checkbox"/> Male   | <input type="checkbox"/> Undisclosed |

### Start Year in HR

### Who pays for your membership

- |                               |                                  |
|-------------------------------|----------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Company |
|-------------------------------|----------------------------------|