

**Human Resources Management
Association of Northwest Missouri**

**2012
Application for Membership
Chapter 255**

Name: _____
Job Title: _____ E-mail Address: _____
Company: _____ Phone Number: _____
Address: _____ Fax Number: _____
City/State/Zip: _____

*National Membership Number (if applicable): _____

*If a **national member**, it is not necessary to pay local chapter dues to attend/join local chapter. However, it is necessary to complete the above information in full.

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**Article II
Membership 2.1**

Membership in the Association shall be open to all those persons who are responsibly engaged in the practice of human resources, faculty members in human resources or any of its specialized phases in an accredited college or university, or full time consultants in human resources shall be eligible for regular membership.

- (A) Regular Members
The rights and privileges of regular members include the right to vote, to hold elected offices in the Association and membership in SHRM with the exception of consultants who may not hold office.
- (B) Associate Members
The category of membership is open to persons who demonstrate to the satisfaction of the Association a bona fide interest in personnel administration or industrial relations. Associate members shall be allowed to vote and hold elected office in the Association, but are not members of SHRM.

Do you feel you meet the requirements as defined in the by-laws above? YES / NO (please circle one)

If yes, please check one: Regular member _____ Associate member _____

Local chapter dues for non-SHRM members are \$50.00. Checks can be made payable to:
Human Resources Management Association of Northwest Missouri

If you would like to utilize an option that allows you to pay for annually for meals and membership together please e-mail:
NWMOHRMA@gmail.com.

Please submit completed form with payment as soon as possible to:
HR Management Association of NW Missouri
PO Box 8302
St. Joseph, MO 64508

For Office Use Only	
Rec'd By:	_____
Date:	_____
Roster:	_____
Mailing List:	_____