

# SHRM - COLUMBUS AREA APPLICATION

**Membership Qualifications:** Individuals engaged in exempt-level human resource management positions. May include consultants with three years experience as practitioner and college/university faculty with three years experience. Must be approved by Board of Directors. (Consult Chapter By-Laws for classes of membership and further details.)

Mr.  Ms.  Dr. Check, if appropriate:  PHR  SPHR  GPHR  SHRM-CP  SHRM-SCP

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Title \_\_\_\_\_ Business Name \_\_\_\_\_  
 Business Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Fax No. (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Which address do you prefer for mail? Business  Home  (Most communication will be by **email**.)

**Your position is:**

Indicate which level below **BEST** fits your descriptive title:

- |   |   |
|---|---|
| <input type="checkbox"/> President            | <input type="checkbox"/> Asst. Director or Asst. Manager            |
| <input type="checkbox"/> Vice President       | <input type="checkbox"/> Supervisor                                 |
| <input type="checkbox"/> Asst. Vice President | <input type="checkbox"/> Human Resources Administrator              |
| <input type="checkbox"/> Director             | <input type="checkbox"/> Professor/Assoc. Professor/Asst. Professor |
| <input type="checkbox"/> Manager              | <input type="checkbox"/> Other _____                                |

**What type of business are you employed with? (ex: Education, Health Care, Finance, Manufacturing, etc.):**

**Please complete the following demographic information (Check One in each category):**

<b>HR DEPT. SIZE:</b> <u>(worldwide)</u>	<b># YOU SUPERVISE:</b>	<b>MEMBER'S UNIT LEVEL</b> <u>IN ORGANIZATION</u>	<b>COMPANY SIZE:</b> <u>(worldwide)</u>
<input type="checkbox"/> 0-1	<input type="checkbox"/> 0-1	<input type="checkbox"/> Plant	<input type="checkbox"/> 1-24 <input type="checkbox"/> 2500-4999
<input type="checkbox"/> 2-4	<input type="checkbox"/> 2-4	<input type="checkbox"/> Region	<input type="checkbox"/> 25-49 <input type="checkbox"/> 5000-9999
<input type="checkbox"/> 5-9	<input type="checkbox"/> 5-9	<input type="checkbox"/> Division	<input type="checkbox"/> 50-99 <input type="checkbox"/> 10000-24999
<input type="checkbox"/> 10-24	<input type="checkbox"/> 10-24	<input type="checkbox"/> Group	<input type="checkbox"/> 100-249 <input type="checkbox"/> 25000+
<input type="checkbox"/> 25-49	<input type="checkbox"/> 25-49	<input type="checkbox"/> Subsidiary	<input type="checkbox"/> 250-499
<input type="checkbox"/> 50-99	<input type="checkbox"/> 50-99	<input type="checkbox"/> Corporate	<input type="checkbox"/> 500-999
<input type="checkbox"/> 100 +	<input type="checkbox"/> 100 +	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> 1000-2499

**Education (Indicate your highest level obtained):**

High School  Undergraduate Degree  Master's Degree  Doctorate  Other

**Your Job Function (Check ONE. If not Generalist, indicate main or most important function of your job)**

- |   |   |  |  |                                       |
|---|---|--|--|---------------------------------------|
| <input type="checkbox"/> HR Generalist      | <input type="checkbox"/> Administrative         | <input type="checkbox"/> Benefits      | <input type="checkbox"/> Communications      | <input type="checkbox"/> Compensation |
| <input type="checkbox"/> Consultant         | <input type="checkbox"/> Diversity              | <input type="checkbox"/> EEO/Aff. Act. | <input type="checkbox"/> Empl. Assist. Prog. | <input type="checkbox"/> Empl. Rel.   |
| <input type="checkbox"/> Employ./Recruiting | <input type="checkbox"/> Health/Safety/Security | <input type="checkbox"/> HRIS          | <input type="checkbox"/> International HRM   | <input type="checkbox"/> Legal        |
| <input type="checkbox"/> Labor/Indust. Rel  | <input type="checkbox"/> Manage Outsource HR    | <input type="checkbox"/> Org. Devel.   | <input type="checkbox"/> Relocation          | <input type="checkbox"/> Research     |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Training/Development   | <input type="checkbox"/> Other         |  |                                       |

**Your Job Position (Check one)**

- |  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> President/CEO/Chair | <input type="checkbox"/> Partner/Principal | <input type="checkbox"/> VP/Assist. VP            | <input type="checkbox"/> Director/Assist. Dir. | <input type="checkbox"/> Supervisor    |
| <input type="checkbox"/> Manager, Generalist | <input type="checkbox"/> Specialist        | <input type="checkbox"/> Administrator            | <input type="checkbox"/> Coordinator           | <input type="checkbox"/> Legal Counsel |
| <input type="checkbox"/> Academician         | <input type="checkbox"/> Consultant        | <input type="checkbox"/> Representative/Associate | <input type="checkbox"/> Other _____           |  |

Are you being referred or recommended for membership by a current SHRM-Columbus Member? No  Yes

If yes, by whom? \_\_\_\_\_

**OFFICE USE ONLY:**

BOARD APPROVED DATE: \_\_\_\_\_

TYPE MEMBERSHIP: PROF  GEN  ASSOC  HON

RECOMMENDED BY: (SHRM MEMBER) \_\_\_\_\_

**What best describes your direct supervisor's position?**

- I'm highest ranked in my organization
- President/CEO/Chair
- Partner/Principal/Exec. Director
- Dean/Superintendent/GM
- COO
- CFO
- CHRO/CHCO
- Executive Officer (Govt./Military)
- VP of HR
- SVP of HR
- Div. Head/Dept. Chair
- VP/Finance/Controller
- Administrator
- HR Manager
- HR Director
- Other \_\_\_\_\_

Are you a member of SHRM - National?  No  Yes SHRM National Number: \_\_\_\_\_  
Since (Year)? \_\_\_\_\_ When Expires?: \_\_\_\_\_

Have you been a member of the SHRM-Columbus Chapter before?  No  Yes – When? \_\_\_\_\_

Are you transferring from another Chapter?  No  Yes – Where? \_\_\_\_\_

Total number of years in Human Resources  Total years exempt experience

Indicate the level and scope of your **present assignment**, including **dates of employment** in your current job. Outline briefly your areas of interest in the field of Human Resources.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Most Recent Prior or Related Business Experience**

From \_\_\_\_\_ to \_\_\_\_\_ Company \_\_\_\_\_

Location \_\_\_\_\_ Position \_\_\_\_\_

Job Description: \_\_\_\_\_

**Other Prior or Related Business Experience**

From \_\_\_\_\_ to \_\_\_\_\_ Company \_\_\_\_\_

Location \_\_\_\_\_ Position \_\_\_\_\_

Job Description: \_\_\_\_\_

I hereby apply for membership in the Society for Human Resource Management - Columbus Area and agree to pay the current applicable membership dues. I recognize and accept the responsibilities incumbent upon me as a member of the Human Resources profession. I pledge to practice and uphold the code of ethics of the Society and agree to abide by the By-Laws and to assist in carrying out the objectives of the Society.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RANK THE TOP THREE COMMITTEES ON WHICH YOU HAVE AN INTEREST IN SERVING:**

- College Relations
- Governmental Affairs
- Public Relations
- Hospitality
- Membership
- Professional Development
- Workforce Readiness
- Diversity



Please return completed application and copy of your resume to:  
SHRM-Columbus – P.O. Box 8592 – Columbus, GA 31907  
Email: [shrmcolumbusga@gmail.com](mailto:shrmcolumbusga@gmail.com)