



Membership Application

Member Information

Full Name: _____ Date: _____
Last First M.I.

Mailing Address: _____
Street Address Apartment/Unit #/Suite

City State Zip Code

Phone: (____) _____ - _____ Email Address: _____

Alternate SHRM Certification
Phone: (____) _____ - _____ Membership #: _____ Designation: _____

**Please note* this chapter is a 100% Chapter, therefore you must also be an active member of SHRM to join.*

Company Name: _____ Title: _____

On behalf of the Board, I would like to formally invite you to become a member of Skagit Island Human Resources Management Association, a SHRM affiliate. You qualify for this exclusive privilege based on your experience and commitment to the HR profession.

Our organization is an indispensable resource for Human Resource professionals throughout the region. Our members represent individuals who recognize the importance of our professional affiliation for staying current on HR changes and trends and networking. As a member, you'll be able to continue your professional development, grow your contacts and collaborate with others with similar challenges.

We look forward to welcoming you to our chapter community.

Sincerely,
Melissa Reed
VP of Membership

Please scan and email this form to the Membership Chair, Melissa Reed:

mreed@islandhospital.org or fax (360) 299-1396