STUDENT APPLICATION

Current or previous SHRM member?  Yes  No  Enter Member ID:_________________________

Certifications:  aPHR  aPHRi  PHR  PHRca  PHRI  SPHR  SPHRi  GPHR

Note: Earned SHRM credentials (SHRM-CP and SHRM-SCP) will be added to member records by SHRM.

*Name: _______________________________________________________________________

  First                           M.I.         Last

  Ph.D.  Ed.  JD

*College/University:____________________________________________________________

Chapter #:______________________________________________________________

Primary Address:  CAMPUS   HOME

CAMPUS

*On-Campus (School) Address: ___________________________________________________

*Address/Apt. # _____________________________________________________________

*City: ____________________________  *State/Province: __________  *Zip/Postal Code: __________

*Country: __________________________________________________________

*Email: ____________________________  *Phone: ____________________________

HOME

*Home (Permanent) Address: ___________________________________________________

*Address/Apt. # _____________________________________________________________

*City: ____________________________  *State/Province: __________  *Zip/Postal Code: __________

*Country: __________________________________________________________

*Email: ____________________________  *Phone: ____________________________

Please do not share my mailing address with other HR-related organizations.

* Fields marked with an asterisk are required.
EDUCATION

*Academic Major:
- Human Resource Management
- Human Resource Development
- Business Administration & Management
- Industrial/Organizational Psychology
- Labor Relations
- MBA
- MBA/HR
- Organizational Behavior/Organizational Development
- Other: _______________________________________________

*Degree:
- Undergraduate
- Graduate
- Postgraduate

*Anticipated Graduation Date: __________ / __________

*Currently enrolled in ________________ credit hours per
- Semester
- Quarter
- Compressed term or during a 15-week equivalency

EMPLOYMENT STATUS:

- Not employed in a regular full-time HR position
- Employed in a full-time nonexempt** (hourly) HR position
- Employed in a full-time exempt** HR position
- U.S. Military active duty

**As defined by the Fair Labor Standards Act (FLSA)

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.

Date of Birth: __________ / __________ / __________

GENDER:
- Female
- Male
- Undisclosed

RACE/ETHNIC IDENTIFICATION:
Please select the appropriate box(es). If you would like to share your race/ethnic identification, and you consent to SHRM's use and processing of such information in connection with your membership application, and for any other purpose outlined in the SHRM Privacy Policy at shrm.org/privacy. You are not required to share this information.

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/White Latino
- Hispanic/Other Latino
- Multicultural/Other
- Native Hawaiian/Pacific Islander
- White

Please send completed application with your payment.

* Fields marked with an asterisk are required.

MEMBERSHIP DUES:

*SHRM membership is nonrefundable and nontransferable.

- 1-Year Student Membership: $40

*Please indicate method of payment:
- Check
- Money Order (U.S. $/U.S. bank only)

Charge my: VISA  MasterCard  American Express

I authorize SHRM to charge my credit card $ ________________

Credit Card #
Expiration Date
Name (as it appears on credit card)
Signature

Cardholder's Phone

SHRM annual dues are not deductible as charitable contributions for federal income tax purposes but may be deductible as necessary business expenses except that, under IRC Section 162(e), 3% of the SHRM annual dues are allocable to lobbying expenses and are therefore not deductible. I understand my membership will not start until SHRM receives and processes my application and payment.

I hereby apply for student membership in SHRM and agree to pay the current applicable membership dues. I will abide by the SHRM Code of Ethical and Professional Standards in Human Resource Management as detailed online at shrm.org/ethics. I understand that my application and SHRM membership is subject to the SHRM Privacy Policy at shrm.org/privacy.

I certify that the information contained within this application is accurate and correct and I meet the eligibility requirements for student membership.

*Signature/Date

Please send completed application with your payment.

ONLINE
(Credit card payment only.)
SHRM.ORG/JOIN

PHONE
(Credit card payment only)
800.283.7476, option 3
(U.S. only), or +1.703.548.3440, option 3

MAIL
(3-4 weeks for processing.)
SHRM
P.O. Box 79482
Baltimore, MD 21279-0482
USA

FAX
(Allow 5-7 days for processing.)
+1.703.535.6490