



# Human Resource Association of East Central Illinois SHRM Chapter #0448 2021 MEMBERSHIP ENROLLMENT

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**Corporate Membership**

Option 1  
\$100 Membership (3 members)

**National SHRM Member**

Option 1  
\$40 Membership

**Local Chapter Member Only**

Option 1  
\$50 Membership

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1. Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

PHR/SPHR/Etc: \_\_\_\_\_ Email: \_\_\_\_\_

National SHRM Member: \_\_\_ Yes \_\_\_ No      Membership Date: \_\_\_\_\_

SHRM Number: \_\_\_\_\_      Local Chapter: \_\_\_ New \_\_\_ Renewal

2. Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

PHR/SPHR/Etc: \_\_\_\_\_ Email: \_\_\_\_\_

National SHRM Member: \_\_\_ Yes \_\_\_ No      Membership Date: \_\_\_\_\_

SHRM Number: \_\_\_\_\_      Local Chapter: \_\_\_ New \_\_\_ Renewal

3. Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

PHR/SPHR/Etc: \_\_\_\_\_ Email: \_\_\_\_\_

National SHRM Member: \_\_\_ Yes \_\_\_ No      Membership Date: \_\_\_\_\_

SHRM Number: \_\_\_\_\_      Local Chapter: \_\_\_ New \_\_\_ Renewal

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\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
COMPANY WEB SITE ADDRESS

\_\_\_\_\_  
PHONE NUMBER

TOTAL AMOUNT ENCLOSED:

\$ \_\_\_\_\_

Please make checks payable to:  
Human Resources Association of East Central  
Illinois and mail to:  
Human Resources Association of East Central  
Illinois  
PO Box 1002  
Mattoon, IL 61938