



# Human Resource Association of East Central Illinois SHRM Chapter #0448 2022 MEMBERSHIP ENROLLMENT

**Corporate Membership**

Option 1  
 \$100 Membership (3 members)

Option 2  
 \$340 All Inclusive (3 Members)

**National SHRM Member**

Option 1  
 \$40 Membership

Option 2  
 \$120 All Inclusive

**Local Chapter Member Only**

Option 1  
 \$50 Membership

Option 2  
 \$130 All Inclusive

\*All Inclusive Memberships include the annual membership fee plus monthly meeting fees.

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

\_\_\_\_\_  
 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:  
 P.O Box 1002  
 Mattoon, IL 61938