



**SOUTHERN SHORE HUMAN RESOURCE  
MANAGEMENT ASSOCIATION OF NJ, INC.  
(SSHRMANJ)**

**PO Box 1338, Pleasantville, NJ 08232**

CERTIFICATION: \_\_ PHR \_\_ SPHR \_\_ SHRM-CP \_\_ SHRM-SCP

<https://sshrmanj.shrm.org>

**2024 MEMBERSHIP APPLICATION**

|  |             |                            |
|--|-------------|----------------------------|
| <b>FIRST NAME:</b>   |             | <b>Birthday:</b> Month/Day |
| <b>LAST NAME:</b>  |             |                            |
| <b>TITLE:</b>  |             |                            |
| <b>COMPANY:</b>  |             |                            |
| <b>TYPE OF BUSINESS:</b>   |             |                            |
| <b>ADDRESS:</b>  |             |                            |
| <b>CITY, STATE ZIP:</b>  |             |                            |
| <b>BUSINESS PHONE:</b>   | <b>FAX:</b> |                            |
| <b>EMAIL:</b>  | @           | .                          |
| <b>HOME ADDRESS:</b>   |             | <b>HOME PHONE:</b>         |
| <b>CITY, STATE ZIP:</b>  |             |                            |
| <b>NOTIFICATION: THE CHAPTER PREFERS TO DISSEMINATE INFORMATION ELECTRONICALLY, PLEASE PROVIDE THE<br/>E MAIL ADDRESS WHERE YOU WOULD LIKE CHAPTER RELATED INFORMATION SENT OR AN ALTERNATIVE FAX NUMBER</b> |             |                            |
| <b>EMAIL:</b>  | @           | .                          |
| <b>ALTERNATIVE FAX:</b>  |             |                            |

**WERE YOU A MEMBER LAST YEAR? YES \_\_ NO \_\_**

**\*IF YOU ARE CURRENTLY A NATIONAL SHRM MEMBER, PLEASE COMPLETE THE FOLLOWING PORTION TO DESIGNATE SSHRMANJ CHAPTER 517, AS YOUR CHAPTER OF CHOICE.**

\_\_\_\_\_ I hereby designate SSHRMANJ, Chapter 517, as my primary chapter for SHRM membership coding purposes.

I understand that:

1. This in no way precludes membership in other chapters, and
2. This allows SHRM to list my membership to this chapter for statistical reporting and financial support program purposes ONLY. This designation entitles me to a reduced meeting fee with the local chapter (SSHRMANJ)

**Please provide your current National SHRM ID#**

\_\_\_\_\_ / \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_ / \_\_\_\_\_  
DATE

## 2024 MEMBERSHIP DESIGNATION:

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\_\_\_\_\_ \$45.00 for **Members**

\_\_\_\_\_ \$20.00 for **Student/Retiree Members**

Individuals who are enrolled at an accredited institution of higher education for at least six credit hours.

\_\_\_\_\_ \$0 for **New Members** (first membership year free)

\_\_\_\_\_ \$0 for **Members in Transition** (current membership year free)

**I may attend meetings as a non-member, please keep me on your mailing list.**

~ Lend your expertise to one of SSHRMANJ's Volunteer Committees ~

***Southern Shore Human Resources Management Association, Inc. (SSHRMANJ)***  
*is currently seeking member participation on its committees.*

*If you have an interest in serving on one of the following committees, please check below and someone from that committee will contact you.*

\_\_\_\_\_ **Legislative Committee**

\_\_\_\_\_ **Logistics Committee**

\_\_\_\_\_ **Membership Committee**

\_\_\_\_\_ **Program Committee**

\_\_\_\_\_ **Marketing / Publications Committee**

\_\_\_\_\_ **Website Development**

**How did you hear about SSHRMANJ ?**

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