



Chapter # 162 Chapter Name Central New York

I hereby designate the above named chapter as my primary chapter for SHRM membership coding purposes. I understand that:

1. This in no way precludes membership in other chapters.
2. This allows SHRM to list my membership to this chapter for financial support program purposes only.

Please type or print:

NAME _____ SHRM MEMBER ID# _____
(You must be a current national member of the Society for Human Resource Management to complete this form.)

COMPANY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE# _____

FAX _____

E-MAIL _____

Date: _____ Member's Signature _____
(Member must sign to validate)

Please scan and send to shrm.memberrelations@shrm.org and membership@cnyshrm.org