Member Name:					
Title or Position:Organization Name:					
Mailing Address:			City	Ctata	7:-
E-Mail Associated With SHRM A	ccount:			State	Zip
Business Phone:		Ext:	_Fax #:		
SHRM Member: (check one)	No 🗆	Yes 🗆			
SHRM Certification: (check one)	HRCI SHRM	-CP \square	SHRM SCF	· 🗆	
Certification: (check one)	PHR 🗆	SPHR	GPHR □		
What future programs would you members?				Assoc. offer	to its
2023 Membership Fees (Ple *Pay for year in advance Pay in Advance for a luncheon, fall semin		Membership (.,	rson meeting	ıs, Holiday
*Pay per event					
☐ <u>Yearly Membership</u> ☐ <u>Monthly Meeting Fe</u> members	-	eeting for me	embers; \$25 p	per meeting f	ior non-
Eall Half-day Seminar-\$40 for members, \$50 for nonmembers					
☐ Holiday Luncheon-\$25 for members, \$35 for non-member					
☐ Student membership: \$10 per meeting					
Please make check payable to: Brans https://branson.shrm.org/ or email us at form to BTLHRA at BTLHRA@gmail.com	BTLHRA@gmai	l.com for an inv	oice. Please se		membership
As an attendee of the BTLHRA, I hereby meeting/events for publicity, promotional broadcast via newspaper, internet or oth claims for compensation for use, or for o	al and/or education	onal purposes (i	ncluding publica	ations, presenta	ation or
Signature:		Da	nte:		

Office use only-Date paid_____Amount paid_____Payment Source_____