



Branson Tri-Lakes Human Resources Association

P.O. Box 7144, Branson, MO 65615

2019 Membership Application

Member Name: _____

Title or Position: _____

Organization Name: _____

Mailing Address: _____
Street or PO Box City State Zip

E-Mail Address: _____

Business Phone: _____ Ext: _____ Fax #: _____

SHRM Member: (circle one) No / Yes SHRM Member # _____

SHRM Certification: (circle one) SHRM-CP / SHRM SCP

HRCI Certification: (circle one) PHR / SPHR / GPHR

What future programs would you like to see Tri-Lakes Human Resource Assoc. offer to its members? _____

Yearly Dues	\$50
Monthly Meeting – Members	\$15
Monthly Meeting – Non-Members	\$20

Note: First meeting free for guest of a member. "First meeting free" does **not** apply for seminars.

Full Year Membership – <i>Includes yearly dues, monthly meetings, seminar and annual holiday luncheon</i>	\$175
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Please make check payable to: Branson Tri-Lakes Human Resources Assoc. If you have questions, please contact Ruth Denham Treasurer, at Rdenham05@gmail.com or btlhra@gmail.com.

As an attendee of the BTLHRA, I hereby consent to the use of photographs/videotape taken during the course of all meeting/events for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Signature: _____ Date: _____