Member Name:				
Title or Position:	Organization	Name:		
Mailing Address:	DO D	0.14	04-4-	
E-Mail Associated With SHRM A	ccount:	City	State	Zip
Business Phone:	Ext:	Fax #:		
SHRM Member: (circle one) SHRM Certification: (circle one) Certification: (circle one)	HRCI SHRM-CP / SH			
What future programs would you members?			rce Assoc. offe	er to its
2021 Membership Fees (Ple	ase select your me	mbership):		
*Pay for year in advance				
dues, 8 in person n	dvance for 2022 (Paid neetings, Holiday lunch 2022: <b>\$175-</b> Members nar (\$55 savings)	eon, fall semi	nar (\$75 savin	ıgs)
*Pay per event				
members □ Fall Half-day Semir	<u>o</u> - \$40 <u>ee</u> : \$15 per meeting fo <u>nar</u> -\$40 for members, \$ <u>\$</u> 20 for members, \$30	50 for nonme	mbers	g for non-
□ Student membersh	<u>ip</u> : \$10 per meeting			
Please make check payable to: Brans https://branson.shrm.org/ or email us at form to BTLHRA at BTLHRA@gmail.co  As an attendee of the BTLHRA, I hereb meeting/events for publicity, promotional broadcast via newspaper, internet or ot claims for compensation for use, or for	t BTLHRA@gmail.com for a sm or mail it to PO Box 851, by consent to the use of pho al and/or educational purposher media sources). I do thi	n invoice. Pleas Branson MO 65 tographs/videota ses (including pu	se send complete 615 ape taken during ablications, prese	the course of all
Signature:		Date:		
Office use only-Date paid Amount				