Member Name:				
Title or Position:	Organization	Name:		
Mailing Address: Street	1 PO P	0.4	04-4-	Zip
E-Mail Associated With SHRM	Account:	City	State	∠ιp
Business Phone:	Ext:	Fax #:		
SHRM Member: (circle one) SHRM Certification: (circle one) Certification: (circle one)	HRCI SHRM-CP / SH	RM SCP		
What future programs would you members?			rce Assoc. offe	er to its
2021 Membership Fees (Pl	ease select your me	mbership):		
*Pay for year in advance				
	o <u>r 2022:_</u> \$1 75- Members ninar (\$55 savings)	ship dues, 8 ir	n person meeti	ings, Holiday
*Pay per event				
members □ Fall Half-day Sem	<u>Fee</u> : \$15 per meeting fo <u>inar</u> -\$40 for members, \$ <u>i-\$</u> 20 for members, \$30	50 for nonme	mbers	g for non-
Please make check payable to: Brar https://branson.shrm.org/ or email us a form to BTLHRA at BTLHRA@gmail.com	at <u>BTLHRA@gmail.com</u> for a	n invoice. Pleas	se send complete	ed membership
As an attendee of the BTLHRA, I here meeting/events for publicity, promotion broadcast via newspaper, internet or claims for compensation for use, or for	nal and/or educational purpos other media sources). I do thi	ses (including pu	iblications, prese	ntation or
Signature:		Date:		
Office use only Date paid Amount	t naid Daymant Ca	urco		