

Member Nar	ne:				· · · · · · · · · · · · · · · · · · ·	
Title or Posit	ion:	Organizatio	on Name:			
Mailing Addr	ess:street					
E-Mail Asso	Street Ciated With SHRM A	or PO Box CCOUNt:	City	State	Zip	
Business Phone:			Fax #:			
SHRM Member: (circle one) SHRM Certification: (circle one) Certification: (circle one)		No / Yes HRCI SHRM-CP / S PHR / SPHR / GPH				
		like to see Tri-Lakes		ce Assoc. offe	er to its	
2021 Mem	bership Fees (Ple	ease select your m	embership):			
	January-April-Virtual Meetings-No Charge					
☐ Early Bird 1/2 Year with Fall and Spring conference- (Paid in full by 1/31/2					Membership	
	dues, 4 in person meetings, Holiday luncheon, fall seminar and spring seminar (\$65 savings)					
	Early Bird 1/2 Year with Fall Conference (Paid in full by 1/31/21): \$100-Membership dues, 4 in					
	person meetings, Holiday luncheon, and fall seminar (\$50 savings)					
	1/2 Year-Fall and Spring Conference -\$160- Membership dues, 4 in person meeting, Holiday					
	luncheon, fall seminar and spring seminar (\$30 savings)*					
	1/2 Year with Fall Conf	erence -\$130-Membersh	p dues, 4 in persor	meeting, Holida	ay luncheon, and	
	fall seminar (\$20 savin	fall seminar (\$20 savings)				
	Yearly Membership- \$30 (if you don't pay in full)					
	Monthly Meeting Fee: \$15 per meeting for members; \$20 per meeting for non-members (if you don't pay in full)					
	<u>Spring Half-day Seminar</u> – \$40 for members, \$45 for nonmembers (Free if paid in full for 2020 or if you pay in full in for 2021 option for both conferences)					
	Fall Half-day Seminar-	\$40 for members, \$45 for	nonmembers (Free	e if paid in full fo	r 2021)	
	Holiday Luncheon-\$20 for members, \$30 for non-member (Free if paid in full for 2021)					
	Student membership: \$10 per meeting					
https://branson form to BTLHR As an attendee meeting/events broadcast via r	.shrm.org/ or email us at A at BTLHRA@gmail.co e of the BTLHRA, I hereb s for publicity, promotion	son Tri-Lakes Human Res BTLHRA@gmail.com fo m or mail it to PO Box 71 y consent to the use of pi al and/or educational purp her media sources). I do damages.	r an invoice. Pleas 44, Branson MO 69 notographs/videota poses (including pu	e send complete 5615 pe taken during blications, prese	the course of all	
Signature:				Date:		
S						

Office use only-Date paid_____Amount paid_____Payment Source_____