



**Mid-Ohio Valley
Society Human Resources Management
2023 MEMBERSHIP APPLICATION**

Name			
Title			
Company			
Co. Address			
City, State, Zip			
Work Phone		Home Phone	() -
E-Mail			
Fax	() -		
Type of Business			
Are you a current member of national SHRM?	<input type="checkbox"/> Yes ID#	<input type="checkbox"/> No	
Are you a current certified as a SHRM-CP or PHR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you plan on taking the SHRM-CP or SHRM-SCP exam in 2023?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you an exempt-level HR manager or director?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you be needing HRCI hours in addition to SHRM hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you interested in serving as an officer, board member or committee member of this Chapter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes indicate what position or committee you would like to be considered for:			
I am applying for membership with the MOV SHRM as a:			
<input type="checkbox"/> Professional (\$30)	<input type="checkbox"/> Associate (\$25)		
<input type="checkbox"/> General (\$30)	<input type="checkbox"/> Student (\$10)		
<input type="checkbox"/> I am an associate of _____ at _____ and request the Corporate discount (\$10 off for each additional member).			

Enter Promo Code here if applicable: _____

I do hereby affirm that the information provided herein is true to the best of my knowledge and agree to abide by the rules and regulations established by this Chapter, represent the interests of my employer and my profession to the best of my ability and conduct myself according to the SHRM Code of Ethics. I further agree to assist or actively participate in programs or discussions as needed to the benefit of the membership of this chapter.

Applicant Signature: _____ Date: _____

I certify that the dues have been received, this application has been reviewed and approved. It is effective January 1, 2023 – December 31, 2023.

Officer's Signature: _____ Date: __/__/____

You can mail your application and check to:
Mid Ohio Valley SHRM, P.O. Box 590, Marietta, OH 45750