



## SHRM Chapter Application Form

**Chapter Name: Lower Columbia Human Resources Management Association (LCHRMA)  
Chapter #0660**

I hereby apply to become a member of the LCHRMA chapter. I authorize the LCHRMA to notify SHRM that I am designating LCHRMA as my primary chapter for SHRM membership coding purposes. I understand that:

- (1) This in no way precludes membership in other chapters, and;
- (2) This allows SHRM to list my membership to the LCHRMA chapter for financial support program purposes only.

**Please type or print:**

**NAME** \_\_\_\_\_ **SHRM MEMBER ID#** \_\_\_\_\_  
(You must be a **current national** member of the Society for Human Resource Management to complete this form)

JOB TITLE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE (WORK): \_\_\_\_\_ PHONE (CELL): \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE \_\_\_\_\_ MEMBER'S SIGNATURE \_\_\_\_\_

**(Member must sign to validate)**

**Please send completed Chapter Designation Form to:  
PLEASE NOTE THAT EMAIL IS PREFERRED.**

[Sharon.borgardt@waunafcu.org](mailto:Sharon.borgardt@waunafcu.org)

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