



SHRM Primary Chapter Designation Form

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

I hereby designate the above named chapter 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:

**Heather Aho
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Astoria, OR 97103
haho@pacnworks.com**