



Chapter Membership Application

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

I hereby apply to become a member of the LCHRMA chapter, a SHRM chapter that serves the Lower Columbia region.

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: _____

CERTIFICATION (SHRM, HRCI, etc) _____

STUDENT SHRM MEMBER YES NO

DATE _____ MEMBER'S SIGNATURE _____

(Member must sign to validate)

Please send completed Chapter Membership Application to:

PLEASE NOTE THAT EMAIL IS PREFERRED.

Sharon.borgardt@waunafcu.org

If mailing or faxing, send to:

**Sharon Borgardt, SPHR, SHRM-CSP
LCHRMA
PO Box 812
Astoria, OR 97103
Fax: 503-325-8734 (Attn: Sharon)**