



# 2025 Application for Membership

Delta Human Resource Management Association  
Chapter #508  
<http://dhrma.shrm.org/>

1. Type of membership (check one). **The cost of meals is not included in the fee.**

\_\_\_\_\_ Membership - \$100.00 per year  
(Non-SHRM Member)

\_\_\_\_\_ Membership - \$50.00 per year  
(Active SHRM Member)

## **MAKE CHECK PAYABLE TO: DELTA HUMAN RESOURCE MANAGEMENT ASSOCIATION**

2. Membership Data

Name: \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_  
Position or Title: \_\_\_\_\_ Years in job \_\_\_\_\_  
Business / Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Are you a member of the Society for Human Resource Management? \_\_\_ Yes \_\_\_ No  
SHRM Membership Number \_\_\_\_\_ Membership Expiration Date \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_  
Position or Title: \_\_\_\_\_ Years in job \_\_\_\_\_  
Business / Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Are you a member of the Society for Human Resource Management? \_\_\_ Yes \_\_\_ No  
SHRM Membership Number \_\_\_\_\_ Membership Expiration Date \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_  
Position or Title: \_\_\_\_\_ Years in job \_\_\_\_\_  
Business / Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Are you a member of the Society for Human Resource Management? \_\_\_ Yes \_\_\_ No  
SHRM Membership Number \_\_\_\_\_ Membership Expiration Date \_\_\_\_\_

3. *Please send application to [tunya.wells@staplcofn.com](mailto:tunya.wells@staplcofn.com)*