



SHRM Primary Chapter Designation

Chapter #0009

Name: Akron Area Chapter

North Central Area

_____ 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.
- (2) This allows SHRM to list my membership to this chapter for statistical reporting and financial support program purposes only.

_____ I do not choose the above named chapter as my primary chapter for SHRM membership coding purposes. I understand that I will be charged a \$50 non-primary affiliation fee in order to participate in Akron Chapter activities.

NAME _____ MEMBER ID# _____

(You must be a *current national member* of the Society for Human Resource Management to complete this form.)

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

DATE _____ MEMBER'S SIGNATURE _____

(Member must sign to validate)

Please forward this form back to me via e-mail, us mail:

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