



MEMBERSHIP APPLICATION

**MOBILE SOCIETY FOR  
HUMAN RESOURCE MANAGEMENT  
5300 HALLS MILL RD, SUITE H # 102  
MOBILE, ALABAMA 36619**

To be considered for membership in Mobile SHRM, please return your completed application and up-to-date **resume** to us at the address shown above. If you do not have a current resume, you must provide a position description for your current job and a brief written document that outlines your experience within the Human Resource profession.

Annual membership dues for the Mobile Society of Human Resource Management are \$40.00. Dues should be paid upon approval of membership.

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

This e-mail address is at my: \_\_\_\_ Home \_\_\_\_ Office

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

My Employer's Industry Group:

\_\_ Educational Institution \_\_ Distribution \_\_ Transportation

\_\_ Government (all levels) \_\_ Financial/Banking \_\_ Healthcare

\_\_ Nonprofit Association \_\_ Manufacturing \_\_ Insurance

\_\_ Professional Services \_\_ Publishing \_\_ Retail

\_\_ Telecommunications \_\_ Other \_\_\_\_\_



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Are you a member of SHRM \_\_\_ Yes \_\_\_ No SHRM Membership No. \_\_\_\_\_

Please indicate professional certifications held: \_\_\_ PHR \_\_\_ SPHR Other \_\_\_\_\_

Is your position FLSA Exempt \_\_\_\_\_ or Non-exempt \_\_\_\_\_

Total employees at your facility \_\_\_\_\_

Facility employee totals by FLSA classification:

\_\_\_\_\_ Exempt \_\_\_\_\_ Non-exempt \_\_\_\_\_ Union

I am currently employed, or my most recent employment was in an exempt or non-exempt position directly related to Human Resource Management. I am:

\_\_\_ A practitioner within one or more functional areas of Human Resource Management.

\_\_\_ A university or college faculty member instructing studies in Human Resource Management and/or serving as an academic advisor to a student SHRM Chapter.

\_\_\_ A consultant to organizations in compensation, benefits, staffing/outplacement, employee assistance, training, employment law, or other areas commonly associated with Human Resource Management.

Please indicate your total amount of experience in the human resource profession: \_\_\_ years

If I am approved to become a member of the Mobile Society for Human Resource Management, I agree to abide by the following code of ethics:

- 1) To support and enhance the goals and objectives of Mobile SHRM and the National SHRM organization in order to reflect the highest standards of the Human Resource Management profession.
- 2) To actively participate in and support the personal and professional development programs and activities of Mobile SHRM which aid the advancement of the Human Resource Management profession.
- 3) Respect the dignity of individuals and accept the obligation to foster programs that recognize rights, privileges, contributions and opportunities for all people.
- 4) Practice the highest standards of integrity and confidentiality in relationships with members and in business dealings with others in the field



5) Ensure that my affiliation with Mobile SHRM is not used to secure special privilege, gain or benefit for my Employers, the Society or me.

\_\_\_\_\_

Signature

Date

Membership applications are generally reviewed once each month. You will be notified as soon as a decision is reached regarding your membership.

How did you learn about the Mobile SHRM Chapter? \_\_\_\_\_

\_\_\_\_\_

For Membership Committee Use Only

\_\_\_ Approved \_\_\_ Rejected Decision Date \_\_\_\_\_

Comments \_\_\_\_\_

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Officer's Signature