



HR/NY STUDENT MEMBERSHIP APPLICATION



Return completed application to:

HR/NY Phone: 877-625-4769
Whitehorse Executive Center Fax: 609-581-8244
1255 Whitehorse Mercerville Road, Bld. B, Ste 514
Trenton, NJ 08691 website: www.hrny.org

EDUCATION AND EMPLOYMENT

Academic Major _____

Year in School: Freshman Sophomore Junior
 Senior Masters Ph.D.

Estimated Graduation Date (month/yr) _____

Number of credit hours currently registered for _____

Students MUST attach a copy of a current course schedule to qualify for membership.

Is your school on a semester quarter
 compressed semester or other (please explain) _____

Employment Status:

- Not employed in a regular full-time position
- Employed in a full-time non-exempt** (hourly) position
- Employed in a full-time exempt** position
- U.S. Military active duty B Enlisted
- U.S. Military active duty - Commissioned Officer

** as defined by the Fair Labor Standards Act

MEMBERSHIP DUES

Please check the appropriate box.

- 1 year HR/NY Student Membership \$25.00
- 1 year SHRM Student Membership \$35.00 (required if joining HR/NY)

Payment must accompany membership.

Check or money order is enclosed (US \$US bank only)
(Payable to SHRM Student Services. Do not send cash.)

AMEX VISA MC

I authorize SHRM to charge my credit card \$ _____

Cardholders Name : _____

Card Number: _____

Expiration Date: _____ Daytime Phone: _____

Signature: _____

SHRM annual dues are not tax deductible as charitable contributions for federal income tax purposes but may be deductible as ordinary and necessary business expenses except that, under IRC section 162 (e)(1), 6.3% of the SHRM annual dues are not deductible. SHRM and HR/NY membership is not transferable.

I hereby apply for student membership and agree to pay the current applicable membership dues. I will abide by the SHRM Code of Ethical and Professional Standards in Human Resource Management as detailed online at www.shrm.org/ethics.

Signature/Date _____

SHRM Chapter Advisor's Signature/Date _____

If no active SHRM Chapter exists on your campus, please obtain the signature of your academic advisor or other school official to verify your student status. Signature is required for membership.

MEMBER INFORMATION

New Member SHRM # _____

Name _____

College/University _____

Chapter # _____

Please type or print legibly. If employed in a permanent full-time position, please provide your business address, including your title and company name, and your home address. All other applicants provide your current mailing address while attending school and your permanent home address.

This is my Address at School
Business Address

DO NOT PROVIDE YOUR COLLEGE 'S ADDRESS

SEND MAIL HERE

Title _____

Company Name _____

Address _____

Apt # _____

City/State/Zip _____

Phone # _____ Fax # _____

E-mail address _____

Home Address: SEND MAIL HERE

Address _____

Apt # _____

City/State/Zip _____

Phone # _____ Fax # _____

E-mail address _____

SHRM Student Membership includes eight issues of *Echoes* newsletter via email.

I DO NOT wish to receive student newsletters via email. By checking this box I understand I will receive only two printed issues of *Echoes* per year via US Mail.

I DO NOT wish to receive non-association mail.

DEMOGRAPHIC INFORMATION

The completion of this following is optional. SHRM maintains this data for use in tracking its membership diversity and in developing additional programs and services.

Birth Date: ___/___/___ Gender: Female Male

Race/Ethnic Identification:

- American Indian/Alaskan Native Hispanic
- Asian/Pacific Islander White
- Black Other _____

For SHRM Internal Use Only

Payment Received _____ Pers. Ck. _____

Amount \$ _____ M.O. _____

Co. Ck. _____ Chap. Ck. _____

SHRM _____ Global _____

Please allow 4-6 weeks for processing.

Source Code: 0280