



### PRIMARY CHAPTER DESIGNATION FORM

**Chapter #** 0372 **Chapter Name:** SHRM Guam Chapter

I hereby designate the above named chapter as my primary chapter for SHRM membership coding purposes. I understand that:

- This in no way precludes membership in other chapters.
- This allows SHRM to list my membership to this chapter for financial support program purposes only.
- I must be a Professional Member of the national organization. Student and Global (Internet- only) Memberships do not qualify for SHRM Guam Chapter membership.
- We are a 100% member chapter. Questions regarding SHRM membership will be referred to the SHRM regional office for verification.

**Please type or print:**

Name \_\_\_\_\_ SHRM Member ID \_\_\_\_\_

Membership Expiration Date: \_\_\_\_\_ **(Please attach your current membership ID. You must be a current Professional member of SHRM to complete this form and receive Chapter membership benefits and discounts.)**

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell/Other Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Work Email \_\_\_\_\_

Personal Email \_\_\_\_\_ Home/Contact Phone \_\_\_\_\_

Date \_\_\_\_\_ Member's Signature \_\_\_\_\_

(Member must sign to validate – Digital Signature Acceptable)

**Please mail to: SHRM Guam Chapter** OR **email to: SHRM.guam.Chapter@gmail.com**  
P.O.Box 81  
Hagatna, GU 96932  
Attention: Angelyn Joy Delfin – VP Membership

**BE SURE TO ATTACH A COPY OF YOUR CURRENT SHRM ID**

Reviewed by: \_\_\_\_\_ Verified by: \_\_\_\_\_