



Primary Chapter Designation Form

SHRM Guam Chapter # 0372

Member Attestation

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.
- You must be a current Professional member of SHRM to complete this form and receive Chapter membership benefits and discounts.

Member Information

Full Name:	_____	Membership Type:	NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>
	<i>Last First M.I.</i>			
Primary Address:	_____			
	<i>Street Address</i>	<i>Apartment/Unit #</i>		

	<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
Phone:	_____	Email	_____	
SHRM Designation:	_____	Other Professional Designation(s):	_____	
Member No (if applicable):	_____	Member Expiration Date:	_____	

Employer Information

Employer Name:	_____	Job Title:	_____
Phone:	_____	Email	_____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please email to: shrmgu.membership@gmail.com

Attention: Yolanda Padrones – VP Membership

Date Rec'd: _____ Date Sent to Nat'l: _____ Date Coded: _____

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