



Local Chapter #341
 PO Box 2952
 Great Falls, MT 59403
 www.greatfallsshrm.shrm.org

2024 Member Information

First/Name _____ Middle (initial) _____ Last/Name _____
 Position/Job Title _____
 Company Name _____
 Company Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Work E-mail _____
 Certifications: PHR SPHR GPHR SHRM-CP SHRM-SCP
 Degree(s): _____
 Personal Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Personal E-mail _____
 Date of Birth _____ / _____ / _____
Month Day

- Membership Renewal**
- New Membership**

Schedule

Monthly training programs are held on the 2nd Thursday of each month. Programs are held from 11:30 – 1:00 (lunch available)

Guests are welcome to attend for a \$30 program fee.

Please add my information to the local SHRM membership directory to be shared with other members only.

2024 Individual Local Membership Dues Information

Current National Member (Discounted Rate*) Total Due \$200.00 **Local Chapter Member Only: Total Due \$215.00**
 Pay with Card _____ Pay with Card _____

National SHRM ID: _____ Expires: _____
(email)

* Must be a current SHRM National Member when paying chapter dues to qualify for the discounted rate

Total amount payable to SHRM of Great Falls \$ _____
 ** Membership is non-refundable & non-transferable** _____

Scholarship opportunities are available!!