

Company: _____

Current SHRM Member rate: \$90

Non-SHRM Member rate: \$100

Renewing 5 or more members, receive a \$5 discount per membership

1 Renewing Members: Please include individuals who are new to your company that already have a current membership with HRAM, even if it is under another company. Once renewed, they can update their profile information.

Member Name & SHRM # (if applicable)	SHRM	Non-SHRM
	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100

New Members: Please have all NEW MEMBERS joining HRAM at your company fill out the online application under JOIN tab or fill out the 2017 Membership Application form and submit it along with this form.

Member Name & SHRM # (if applicable)	SHRM	Non-SHRM
	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100

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	Total Members	SHRM Totals	Non-SHRM Totals	Totals
Discount with 5 or more (\$5 per Member):				
			Total Due:	

HRAM Membership Application

3 Company: _____ Contact Name: _____

Mailing Address: _____

City, State Zip: _____

Phone: _____ Fax: _____ E-mail: _____

4 I authorize HRAM to charge my: Visa MasterCard Amex Discover

Card #: _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____

Total Charge Amount: \$_____ Email Receipt: Y (Include email) / N

**Registration forms and payment can be mailed to
HRAM at Rockbrook Village, 11060 Oak Street, Suite 5, Omaha, NE 68144
faxed to 402-932-1095 or emailed to staff@hram.org.**

Make checks payable to HRAM.



FOR OFFICE USE ONLY:

Received: _____ Entered: _____ Paid: _____ Add'l: _____