



2026 New Member Application

Name _____ Date _____

Job Title _____ Yrs in HR _____

Company Name _____ # of Employees: _____

Company Address _____

City/State/Zip _____

Work Email _____ Personal Email _____

Work Phone _____ Personal Phone _____

Preferred Contact:

- Work
- Personal

Current HR Certification (please check all that apply)

____ SHRM-CP ____ PHR ____ GPHR

____ SHRM-SCP ____ SPHR

SHRM National
Member

____ Yes ____ # of Years

____ No

Primary Responsibilities in your role: _____

Reason for wanting to join SHRM-North Iowa: _____

Signature of Applicant _____ Date _____

Once completed, please e-mail to Membership Chair Laura Wiemann, shrmnorthiowa@gmail.com. Your application will be reviewed by the Board of Directors. If you have any questions, please feel free to contact Laura at 515-297-8716. Thank you for your interest in SHRM North Iowa.

Upon approval you will be invoiced for annual dues at the annual rate. Dues are as follows: \$125.00 for Non-SHRM members and \$100.00 for National SHRM members. In addition, you may contribute \$5.00 to the SHRM Foundation.



North Iowa

BOD Action Taken: ___Not Approved ___Approved-Membership Level: _____ Date Taken: _____
Appl notified on (date) _____ by _____ (M'ship Chair). Inv \$ _____ on _____ (date)