North Iowa

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.

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