



Staffing Management
 Association of South Florida
 Post Office Box 15766
 Plantation, Florida 33318



**STAFFING MANAGEMENT ASSOCIATION OF SOUTH FLORIDA
 APPLICATION FOR MEMBERSHIP**

Name	Certification: __PHR __SPHR __GPHR	
Title	Business Phone	Business Fax
Company Name	Email Address	
Company Address	City, State, Zip Code	
Home Address (Street No., Apt)	Home Phone	SHRM #
City, Ste, Zip Code	Send Mail to: <input type="checkbox"/>	Home
	<input type="checkbox"/>	Company

How did you hear about SMA South Florida? _____

The growth and success of our chapter depends upon volunteers. While committee participation is not a requirement, it is a request. If you would be willing to devote a few hours a month, please indicate your committee of choice below:

- Hospitality** – making all the necessary arrangements (i.e. location, emails, and social hour) for our meetings and assist with meeting registration.
- Membership** – an active role in promoting membership and interest in SMA South Florida secures sponsor for regular and special chapter events.
- Programs** – the program committee plans exciting social events, seminars, and workshops.
- Marketing** – communicates pertinent chapter information to SMA and SHRM members, past guests, and the community at large.
- Community Relations** – helps SMA South Florida serve the profession outside the HR community.
- SHRM Foundation** – help to educate chapter members regarding the purpose and ongoing activities of the SHRM Foundation and to help the chapter make an annual contribution to the Foundation.
- Seniors Initiative Special Committee** – this committee helps the chapter identify ways to involve senior HR personnel in chapter activities.

I hereby apply for membership in SMA of South Florida. I understand that I must maintain my SHRM membership in order to be an SMA South Florida member and that dues are paid at the beginning of the year and pro-rated on a bi-annual basis thereafter. I also understand that this is a professional organization and that no solicitation for my personal business is allowed without board approval.

Signature

Date



SHRM Primary Chapter Designation

Chapter #: 3001

Chapter Name: SMA South Florida

I hereby designate the above named chapter as my primary chapter for SHRM membership coding purposes. I understand that:

1. This in no way precludes membership in other chapters.
2. This allows SHRM to list my membership to this chapter for financial support program purposes only.

NAME _____ MEMBER ID # _____
(You must be a *current* member of the Society for Human Resource Management to complete this form.)

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE # (Business/Home) _____

DATE _____ MEMBER'S SIGNATURE _____
(Member must sign to validate)

Return to: SMA South Florida
VP of Membership
Post Office Box 15766
Plantation, Florida 33317
Fax: (954) 581-5750