





DISTRICT 8 - No. 0679

OFFICERS:

Kristie Hernandez, President Vacant, President-Elect Becky Morley, Treasurer Maria Abreu, Secretary Alana Thurston, Membership Chair

2024 NEW MEMBERSHIP APPLICATION

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Organization: _				
Name & Title: _				
□ PHR	☐ SPHR	☐ SHRM-CP	☐ SHRM-SCP	
Address:				
City, Zip:				
Telephone:		_ Fax:	Email:	
SHRM Member	No (if no number attac	ch a copy of SHRM card):	: Exp:	
In accordance with Bylaws, please report your standing with the Chapter: Professional Associate				
☐ I am interested in volunteering for FLKSHRM Committee. Please contact me.				
☐ I was referred by the following current Chapter member:				
Dues Information				
\$225 ANNUAL MEMBERSHIP: I am an individual who belongs to a company, public or private agency, or business entity and therefore I am eligible for Annual Membership for the calendar year 2024. \$175 ANNUAL MEMBERSHIP for additional members employed by the same company. \$50 DUES REDUCTION WITH SHRM MEMBERSHIP: I am a current member of SHRM and I may have \$50 of my Annual FLKSHRM Membership dues applied towards my SHRM membership. (Proof of current SHRM membership must accompany the Membership Application Form to qualify for reduction). Total Dues Paid: \$				
-			end meetings as a guest of a current Annual Member. You ttend. We accept cash or check.	
communica FLKSHRM me	tions. With your member mbers. FLKSHRM member	ship, you are granting FLKS email addresses should on	for FLKSHRM to email you various FLKSHRM chapter SHRM permission to share your email address with other nly be used for FLKSHRM, SHRM, and HR related purposes. FLKSHRM is a professional organization and no solicitation ard approval.	is
Signed:			Date:	
			LKSHRM – PO Box 4750 Key West, Fl. 33041	

Please mail your application and your check to: FLKSHRM – PO Box 4750 Key West, Fl. 33041

Please make check payable to FLKSHRM

Website: https://flkeysshrm.shrm.org/ www.linkedin.com/in/flkshrm EMAIL: flkshrm@gmail.com FaceBook: Flkeys Shrm