



**DISTRICT 8 – No. 0679**

**OFFICERS:**

Teresa La Macchia, President  
Nicolette Alex-Sands, President-Elect  
Becky Morley, Treasurer  
Maria Abreu, Secretary  
Alana Thurston, Membership Chair

**2026 NEW MEMBERSHIP APPLICATION**

Organization: \_\_\_\_\_

Name & Title: \_\_\_\_\_

☐ PHR      ☐ SPHR      ☐ SHRM-CP      ☐ SHRM-SCP

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

SHRM Member No (if no number attach 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**

☐ **\$250 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 2026.

☐ **\$225 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: \$ \_\_\_\_\_

If you do not wish to become a member of the Chapter, you may attend meetings as a guest of a current Annual Member. You will be charged a fee of \$25, due upon arrival at each meeting you attend. We accept cash or check.

By signing this application, you are also granting permission for FLKSHRM to email you various FLKSHRM chapter communications. With your membership, you are granting FLKSHRM permission to share your email address with other FLKSHRM members. FLKSHRM member email addresses should only be used for FLKSHRM, SHRM, and HR related purposes. Most communications from FLKSHRM will be transmitted via email. FLKSHRM is a professional organization and no solicitation is allowed without board approval.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**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](http://www.linkedin.com/in/flkshrm)    EMAIL: [flkshrm@gmail.com](mailto:flkshrm@gmail.com)    FaceBook: [Flkeys Shrm](https://www.facebook.com/FlkeysShrm)

**MEMBERSHIP CHAIR: Alana Thurston - 305-292-4461**