



**Akron Area
SHRM**

SHRM Primary Chapter Designation

Chapter #0009

Name: **Akron Area Chapter**

North Central Area

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 statistical reporting and financial support program purposes only.

I do not choose the above named chapter as my primary chapter for SHRM membership coding purposes.

NAME _____ NATIONAL SHRM ID#: _____

(You must be a *current national member* of SHRM to complete this form.)

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

BUSINESS EMAIL: _____ BUSINESS PHONE: _____

Optional (additional information):

Personal email: _____ Personal phone: _____

I would like to receive Akron SHRM **email** correspondence at: Work Personal

DATE _____ MEMBER'S SIGNATURE _____

(Member must sign to validate)

Please return this form via e-mail: akronareashrm0009@gmail.com