

STUDENT MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

UT INFORMATION

Campus Address:

Phone:

E-mail:

City:

State:

ZIP Code:

Degree:

Major:

Year:

OTHER SHRM MEMBERSHIPS

TVHRA (tvhra.org):

SHRM (shrm.org):

HRCI (hrci.org):

Year Joined:

Other:

OTHER CAMPUS MEMBERSHIPS

Organizations:

Contact Person:

Phone:

VOLUNTEER INFORMATION

Current positions:

Address:

How long?

Phone:

Other:

PLEASE CHECK ANY AREAS WHERE YOU HAVE INTEREST IN SCHOOL AND COMMUNITY INVOLVEMENT

SHRM Games:

Fantasy of Trees:

Christmas Shoe Boxes:

OTHER INTERESTS

SIGNATURES

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant:

Date:

Membership Fee (\$20) Received by:

Date: