



Chapter # **0030** Chapter Name: **Professionals In Human Resources Association (PIHRA)**

*To submit this form electronically, visit [pihra.org/shrmchapter](http://pihra.org/shrmchapter) and utilize the Chapter # and Name provided above.*

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.

Please type or print:

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

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE#: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Date: \_\_\_\_\_ Member's Signature: \_\_\_\_\_  
**(Member must sign to validate)**

**Please return completed form to:**

PIHRA Membership Department  
1515 W 190th Street, Suite 530  
Gardena, CA 90248  
Fax: (310) 416-9055  
[membership@pihra.org](mailto:membership@pihra.org)