

Local Membership for National SHRM Members: FREE Annual Dues\*  
Local Membership for ISU Student Chapter Members: FREE Annual Dues\*\*

**Email Address:**  
cycloneshrm@gmail.com

*\*\* Membership to GAA Chapter of SHRM is free for students with paid membership to ISU Student Chapter.*

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Industry \_\_\_\_\_ # of Employees \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

Are you a National SHRM member? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the email linked with your national SHRM membership \_\_\_\_\_

Do you currently hold a SHRM Certification? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which one? CP \_\_\_\_\_ SCP \_\_\_\_\_

Do you currently hold a HRCI Certification? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which one? PHR \_\_\_\_\_ SPHR \_\_\_\_\_ GPHR \_\_\_\_\_ Other \_\_\_\_\_

Are you an ISU student chapter member? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a correct GAA SHRM name tag? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

Permission to list the above information on the Chapter Membership Roster? Yes \_\_\_\_\_ No \_\_\_\_\_

**All information is required EACH YEAR to remain in good standing with National SHRM requirements of a chapter.**  
By signing this form, I agree to the terms and conditions of membership and consent to the use of my photo, image, or likeness for promotional, educational, and other organizational purposes. I understand this authorization is voluntary and that I will not receive compensation for the use of such images.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor parental or guardian signature is required.

Parental or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank You for Joining the Greater Ames Area Chapter of SHRM for 2026!**

This section for Cyclone Chapter of SHRM Officers only:

Date rec'd \_\_\_\_\_