



# MEMBERSHIP APPLICATION FORM

## SOCIETY FOR HUMAN RESOURCE MANAGEMENT, ALOHA CHAPTER

Shidler College of Business ◊ University of Hawaii at Manoa  
2404 Maile Way, BusAd E402 ◊ Honolulu, HI 96822  
shrm@hawaii.edu ◊ http://shrmuhm.com

**Deadline:**  
**Wednesday, January 31, 2017**

- New Member (\$50)       Returning Member (\$45)       Active Member (\$35)

NAME		Last	First	M.I.
MAILING ADDRESS		Street	City/State	Zip Code
UH EMAIL			PROFESSIONAL EMAIL **	
CELL PHONE	CLASS STANDING		UH ID (last 4 digits) ### —	T-SHIRT SIZE (circle) XS S M L XL

Student Status – Check all that apply.

- Shidler College of Business Student       Pre-Business Student       Other: \_\_\_\_\_

Major(s): \_\_\_\_\_ Expected to Graduate: \_\_\_\_\_

Other Clubs/Organizations – If you are an officer or chairperson, please state below.

How did you find out about our organization?  Friend     Flyer     Classroom Visitation     Other: \_\_\_\_\_

Field of Interest/Industry/Company – List your top Three (3)

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

Socials– List your top Three (3) you would like to see in the future

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

SHRM Aloha Chapter Business Card Printing Service – This will be an additional payment to the chapter’s fee. You may choose to decline the service.

- 20 cards – \$7.80       50 cards – \$17.55       100 cards – \$31.20       Decline

Read the following statement carefully and initial:

\_\_\_\_\_ My resume (limit to one-page), GPA included, is attached to the back of this application.

### STUDENT CONTRACT

I agree to abide by the constitution, by-laws, and regulations established by the SHRM, Aloha Chapter. I will strive to support the business club’s activities. I understand that SHRM will not be liable for any claims or damages to person or property that may occur as a result of my participation in SHRM actives

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit your Application & Resume by **GM1**, club’s dues by **GM2**; please make payment with **CASH** or **CHECK** only – Make check payable to “SHRM Aloha Chapter”. We will not be accepting any more application after the deadline. PDF version may be emailed to shrm@hawaii.edu.

### FOR EXECUTIVE USE ONLY:

- RESUME       PERSONAL STATEMENT       BUSINESS CARD: \$ \_\_\_\_\_       DUES PAID:  
 \$50       \$45       \$35  
 Cash       Check #: \_\_\_\_\_       Receipt #: \_\_\_\_\_      **Officer Initial:** \_\_\_\_\_



## AUDIO/ PHOTO/ VIDEO MEDIA RELEASE FORM

I grant permission to the Society for Human Resource Management, Aloha Chapter to use photographs and/or video and audio taken of me. These images may be used in educational and documentary materials such as Public Service Announcements, Grant Applications, Video Documentaries and both printed and online newsletters. Furthermore, I authorize the use of my image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by the Society for Human Resource Management, Aloha Chapter.

I hereby agree to release, defend, and hold harmless the Society for Human Resource Management, Aloha Chapter from any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from any claim, damages, or liability arising from or related to the use of the photographs/video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution.

I am 18 years of age or older and have read this release before signing below, fully understanding the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

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Name (Print Full Name)

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Signature

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Date