

2018 Membership Form

**Make checks payable to:
SCHRA**

**Mail form and check to:
Attn: Michelle Palm
National Machinery LLC
161 Greenfield St.
Tiffin, OH 44883**

Please mark 'X' with your choice below:

COST

<input type="checkbox"/> Membership Option (January 2018 through December 2018)	\$50.00/year
<input type="checkbox"/> Individual Meeting & Lunch (Member Rate)	\$15.00/meeting
<input type="checkbox"/> College Student Pricing (Must Register with Member)	\$10.00/meeting
<input type="checkbox"/> Membership Dues and 10 Pre-Pay Monthly Meetings & Lunch Option (Jan, Feb, March, April, May, June, Sept, Oct, Nov, Dec meetings)	\$150.00/year
<input type="checkbox"/> Non-Member Option	
<input type="checkbox"/> Non-Member Individual Meeting & Lunch	\$25.00/meeting

**If you RSVP for a meeting and do not cancel by RSVP deadline and do not attend the meeting, you will be invoiced at the individual meeting rate or membership rate. Pre-pays are not affected by this policy.
There are no refunds for pre-paid lunches.**

SCHRA

Seneca County Human Resource Association

Member Information:

Only one membership per business is required. All persons from the same company pay the membership price for the individual meetings.

Company Name: _____ Company Industry: _____

Phone: _____ Fax: _____

Company Address: _____
Address City ST ZIP

Contact Name: _____

The SCHRA preferred method of communication is via E-Mail

E-Mail Address _____

Are you a SHRM member? Yes No

Please list additional associates, with their mailing address, that you would like to include on the SCHRA mailing list. These associates will receive notification of monthly meetings and special events:
(Please note the SCHRA preferred method of communication is via E-Mail)

Associate #1:

Member Name: _____ Phone: _____
Last Name First Name

Member Name: _____ Fax: _____

Company Address: _____ E-Mail Address _____
City ST ZIP

Associate #2:

Member Name: _____ Phone: _____
Last Name First Name

Member Name: _____ Fax: _____

Company Address: _____ E-Mail Address _____
City ST ZIP

Officer use only: Invoice # 10- _____ Date _____ Check # _____ Amount Paid _____

For _____ Membership(s)
_____ Lunch(es)
Month(s) paid: _____