



Member Invoice _____, 2012

Please complete information above and list any changes below

Member Name: _____
 Employer/Organization: _____
 Address: _____

Email: _____ Phone: _____ Fax: _____

Certification: -PHR -SPHR SHRM National Member: -Yes -No

If a member of SHRM National please, include number:

Description	Total
<p>2012 Annual Dues</p> <p>Please return a copy of this invoice with your check to: Make check payable to: SHRM Middle Georgia Chapter #154 Jenny Burdeshaw 6914 Buckeye Road Perry, GA 31069</p> <p>Payment Due: Within 30 days of being approved for membership PLEASE INCLUDE INVOICE WITH PAYMENT</p>	<p>\$120.00</p>
Balance Due	\$120.00

The board reserves the right to terminate members that have not paid their dues within 60 days.
Please contact if an extension is needed.

For Office Use Only: Amount Paid \$ _____ Date _____ Check # _____