

SHRM Middle Georgia



Prospective Member Referral Form

| | |
|--|--|
| Name | |
| Title <i>(If known)</i> | |
| Company Name | |
| Company Address <i>(If known)</i> | |
| Telephone Number | |
| Email address <i>(If known)</i> | |

| | |
|--|--|
| Name | |
| Title <i>(If known)</i> | |
| Company Name | |
| Company Address <i>(If known)</i> | |
| Telephone Number | |
| Email address <i>(If known)</i> | |

Referred by: _____

Telephone # _____ Email: _____

Contacted by: _____ Date _____

Disposition/Comments: _____

Send form via to lhampton@centralgatech.edu or fax to (478) 757-3456