



VILLANOVA UNIVERSITY

VILLANOVA UNIVERSITY SOCIETY FOR HUMAN RESOURCE MANAGEMENT STUDENT CHAPTER

MEMBERSHIP ENROLLMENT FORM

Name: _____

Membership Type

- ☐ Campus Student*
 - ☐ New Member
 - ☐ Renewal
- ☐ Online Student

Are you a current member of the National SHRM Organization?

- ☐ Yes
- ☐ No

*Unless you're an online student, please include your \$15 membership fee in cash or check made out to Villanova University.

Home

Street: _____

City, State, Zip Code: _____

Email address: _____

Business

Company Name: _____

Title: _____

Street: _____

City, State, Zip Code: _____

Phone #: _____

Email address: _____

Thank you for your interest!

We will reach out via your Villanova email address once your application has been processed.

For SHRM Use Only

Payment:

- ☐ Cash
- ☐ Check
- ☐ Online

Date Received: _____

Officer Initials: _____