

2019 Membership Form

Make checks payable to:
SCHRA

Mail form and check to:
OhioMeansJobs Seneca County
Attn: Carol Kern
900 E. CR 20
Tiffin, OH 44883

Please mark 'X' with your choice below:

COST

<input type="checkbox"/>	Membership Only (January 2019 through December 2019-Lunch not included)	\$50.00/year
	Member Lunch: \$15/meeting per individual	
	College Student Lunch (Must Register with Member) \$10/meeting	
<input type="checkbox"/>	Membership and 10 Pre-Paid Lunches (Jan, Feb, March, April, May, June, Sept, Oct, Nov, Dec meetings) *The pre-paid lunch is for 1 individual; the cost for other individuals in attendance will be \$10	\$150.00/year
<input type="checkbox"/>	Non-Member Individual Meeting & Lunch	\$25.00/meeting

If you RSVP for a meeting, do not cancel by the "last minute reminder" deadline and do not attend the meeting, you will be invoiced \$10 to cover the cost of the meal.

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.

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: _____

Last Name

First Name

Phone: _____

Member Name: _____

Fax: _____

Company Address: _____

E-Mail Address _____

City

ST

ZIP

Associate #2:

Member Name: _____

Last Name

First Name

Phone: _____

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: