



Invoice

INVOICE NO: **0309**

Reply by **1/1/2010**

Membership Period **1/1//2010 to 12/31/2010**

Make Checks Payable to:

SBSHRM, Inc.
P. O. Box 966
Melbourne, FL 32902

Tax ID 26-1288738
www.sbshrm.org

Membership Type **Individual**

Invoice Type
 Professional SHRM
 Non-Member (\$0)
 Student Member
 Vendor / Sponsor

Update your member profile at www.SBSHRM.org - Member Center – My Profile

Please Print

Password (new only) _____
 Email _____
 Prefix _____
 First Name _____
 MI _____
 Last Name _____

SHRM # _____
 SHRM exp _____

Certification
 PHR
 SPHR
 GPHR
 Other _____

Company Name _____
 Title _____
 Address _____
 Address2 _____
 City _____
 State _____
 Zipcode _____
 Country _____
 Phone _____
 Ext _____
 Fax _____

Hm Address
 Address2
 City
 State
 Zipcode
 Phone

DESCRIPTION	AMOUNT	INCLUDED
Professional Membership Fee	25.00	
Prepaid Meetings (individual cost = \$220.00)	200.00	
Monthly Meeting Sponsor	250.00	
Website Sponsor		
Newsletter Sponsor		
Vendor Yellow Pages		
Total Included		