

2018-19 CPP PIHRA MEMBERSHIP APPLICATION

APPLICANT INFORMATION

NAME: _____ **BRONCO ID:** _____
(Last Name, First Name)

CPP E-MAIL: _____ **CELLPHONE:** _____
(Ex: xxxxxxxx@cpp.edu) *(Ex: (XXX)XXX-XXXX)*

STREET ADDRESS: _____ **BIRTHDAY:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CLASS STANDING: _____ **GRADUATION DATE:** _____ **SHIRT SIZE:** _____
(Ex: Junior, Senior, etc.) *(Ex: Estimated Semester Year)*

BY SUBMITTING THIS APPLICATION, I AFFIRM THE GIVEN INFORMATION IS TRUE AND COMPLETE.

Signature: _____ **Date:** _____

MEMBERSHIP PLANS

<p>CPP PIHRA MEMBERSHIP:</p> <p>CPP PIHRA Application + Dues</p> <p><input type="checkbox"/> 1 Semester (\$35)</p> <p><input type="checkbox"/> 2 Semesters (\$55)</p>	<p>SHRM Membership: (optional)</p> <p><input type="checkbox"/> ONLINE REGISTRATION: \$40</p> <p><input type="checkbox"/> (submit confirmation receipt)</p> <p>PIHRA CENTRAL Membership: (optional)</p> <p><input type="checkbox"/> PIHRA CENTRAL application</p> <p><input type="checkbox"/> Current Class Schedule (min. 6 Units)</p> <p><input type="checkbox"/> PIHRA Membership Payment (\$30)</p>
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**By choosing to become a member of SHRM and/or PIHRA CENTRAL, I understand that I am responsible for submitting all the membership plan requirements during the membership enrollment periods.*

All membership dues MUST be paid in person. We ONLY accept CASH payments.

E-BOARD USE ONLY

MEMBERSHIP ENROLLMENT PERIOD: _____ **DATE COMPLETED:** _____
(Fall or Spring)

REQUIREMENTS:	Date	Date
CPP PIHRA Application	_____	PIHRA Application _____
CPP PIHRA Membership Fee \$ _____	_____	Class Schedule _____
Copy of Online SHRM Receipt _____	_____	PIHRA Membership Fee (\$30) _____

PAYMENT TYPE: Cash \$ _____

COMMENTS: _____

