



**Society for Human Resource Management
LONG ISLAND CHAPTER, INC.**
Chapter No. 213 – 100% National Chapter

Platinum Excel Award Winner (2016)
Federal I.D. # 11-3051329

2017-2018 OFFICERS

PRESIDENT

Christel Colón SPHR, SHRM-SCP
Brookhaven National Laboratory
President@SHRMLI.org

VICE PRESIDENT

Jennifer Carey SPHR, SHRM-SCP
Multi Packaging Solutions
PresidentElect@SHRMLI.org

TREASURER

Deborah Davis, PHR, SHRM-CP
Margolin, Winer & Evens LLP
Treasurer@SHRMLI.org

SECRETARY

Joan Convery
Community Development
Corporation of Long Island
Secretary@SHRMLI.org

BOARD OF DIRECTORS

Robin McConnell
Annette Perry PHR, SHRM-CP
Robert Potorski
Robert Rothschild

Executive Director/Conference Producer

Linda B. Selden-Padavano
SHRM-Long Island
449 Pulaski Road
Greenlawn, NY 11740
(631) 262-8807 (Phone)
(631) 262-8803 (Fax)
ExecutiveDirector@shrml.org



**SHRM-LI CHAPTER FREE MEMBERSHIP APPLICATION
AND PRIMARY CHAPTER DESIGNATION**

CHAPTER 213 SHRM-LI CHAPTER, INC. AREA 1

I hereby request a FREE Membership in the Long Island Chapter and ask that my SHRM Membership be aligned with SHRM-LI Chapter as my Primary Chapter for SHRM membership coding purposes. I understand that:

- (1) This in no way precludes membership in other Chapters.
- (2) This allows SHRM to list my membership to this Chapter for statistical reporting and financial support program purposes only.

MEMBERSHIP CLASSIFICATION (See Back) *(If Student Check Here ___)*

PROFESSIONAL: _____ GENERAL: _____ ASSOCIATE: _____

NAME _____ TITLE _____

CERTIFICATION(S) _____

(SHRM-CP, SHRM-SCP, PHR, SPHR, GPHR, OTHER)

REPORT TO _____ TITLE _____

COMPANY _____

COMPANY ADDRESS _____

(Number and Street)

(City, State and Zip Code)

PHONE _____ FAX _____

E-MAIL ADDRESS _____

MEMBER'S SIGNATURE _____

(Member must sign to validate)

MEMBER'S NATIONAL ID NO. _____

HOME ADDRESS _____

(Number and Street)

(City, State and Zip Code)

HOME PHONE _____

HOME E-MAIL ADDRESS _____

DATE _____ MAIL SHOULD GO TO MY: HOME ___ OFFICE ___

(Please check one)

Please give a brief description of the services/products provided by your firm.

Please return by mail to: _____ or FAX to: (631) 262-8803
Linda B. Selden-Padavano, Executive Director
SHRM-Long Island Chapter, Inc.
449 Pulaski Road, Greenlawn, NY 11740