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SHRM – Topeka Chapter #0428

INVOICE FOR MEMBERSHIP RENEWAL (1 Year)

Please send your remittance along with this invoice to the address below as soon as possible. Thanks!

Total Due (check one): ☐ **$95.00**

☐ **$75.00 if you are a National SHRM Member**

☐ **$35.00 Student**

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Please make checks payable to "**SHRM – Topeka Chapter**",
Mail to:
SHRM
P.O. Box 4937
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Contact Kelly Welch, Membership Director, at kwelch@midwest-health.com with any questions.

Please return a copy of this invoice with your remittance. Thank you.