



Board Member Application

Member Information

Full Name: _____ Date: _____
Last First M.I.

Mailing Address: _____
Street Address Apartment/Unit #/Suite

City State Zip Code

Phone: (____) _____ - _____ Email Address: _____

Alternate Phone: (____) _____ - _____ Alternate Email Address: _____

Employer: _____ Title: _____

How did you hear about SIHRMA?

We're excited about your interest in joining the SIHRMA Board of Directors. What interests you about this opportunity?

Which of the below certification designations, if any, do you currently possess?

SHRM-CP SHRM-SCP aPHR aPRHi PHR PHRca PHRi SPHR SPHRi GPHR Other: _____

Please list all other affiliations or groups in which you are an active participant or member.

Please outline all skills and talents you'd like to put to use if offered a board member position with SIHRMA.

Which of the below areas are of interest to you? Please check all that apply.

Public Relations/Marketing Administration DEI Finance Event Planning HR Mentorship
 Education Sponsorship Procurement/Capital Campaigning Community Outreach Other: _____

How would you like to put your skills and talents to use as a SIHRMA board member in one or more of the above areas?

Participation and attendance is vital to the success of SIHRMA's board. Are you agreeable to attending monthly board meetings, chapter meetings, and special events as described below?

Board meetings: The fourth Thursday of each month from 7:30 am to 9:00 am, virtual

Chapter meetings: The second Thursday of each month from 11:30 am to 1:00 pm, virtual

Special events: Two to three in-person events per year (workshops, networking socials, and job fairs), in-person

Yes No

Which length of term are you committed to serving? *3-4 years highly preferred.

1-2 years 3-4 years 5+ years

Please share any further information you think may be relevant to your SIHRMA board member candidacy.

I, _____, certify that all the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions may result in disqualification from consideration for candidacy with the SIHRMA board of directors.

I understand that joining the SIHRMA board of directors entails a responsibility to actively participate in the creating, shaping, and maintaining of quality programs, resources, and initiatives to better the local HR industry within the greater Skagit and Island County areas. I understand the importance of attendance of all board and chapter meetings. I understand the importance of representing SIHRMA and SHRM professionally as a member of the Skagit-Island chapter board.

I have buy-in and support from my employer regarding the SIHRMA time commitments during standard business hours.

Signature: _____ Date: _____

Please submit completed forms via email to info@sihrma.org. Thank you for your application!