



# HR Connect 2026 Membership Application

Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

Work Phone/Ext. \_\_\_\_\_ Work Fax \_\_\_\_\_

Email Address \_\_\_\_\_

*(Meeting notices will be sent via email.)*

### Annual Membership Dues \* (January - December 2026)

*\*Reference By-Laws - Article III Membership.*

_____ Regular Membership Dues	\$50.00
_____ Student Membership	\$15.00
_____ Late Enrollment (July 1st or later)	\$25.00

### PREPAID LUNCH OPTION

*\*Meals are \$15 each month*

\_\_\_\_\_ Prepaid Meals for 2026 **\$120.00**

**Total reg membership + prepaid meals=\$170.00**

### Professional Information *(Please include for confirmation of eligibility.)*

HR Responsibilities \_\_\_\_\_

Professional Certifications (such as PHR, SPHR, CPA, CMA, etc.) \_\_\_\_\_

Member of Society of Human Resource Management (SHRM) \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Affiliations (Business, Professional, Community, etc.) \_\_\_\_\_

*I hereby make application for membership into HR Connect. I pledge to practice and uphold the Code of Ethics of the Group and agree to abide by the By-Laws and to assist in carrying out the objectives of the Group.*

**Signature**

**Date**

### Mail Application and Membership Dues:

HR Connect Treasurer  
Attn: Lydia Sumner  
PO Box 5  
Cape Girardeau, MO 63702-0873  
[hrconnecttreasurer@gmail.com](mailto:hrconnecttreasurer@gmail.com)  
*(Make checks payable to CAPA)*

HR Connect 2026 Membership

2026 Meal A la Carte



*(Treasurer may be reached at 573-803-5488)*

1/27/2026