CHAPTER REQUEST FOR AUTHORIZATION TO USE SHRM MEMBER LISTS

The _____________________________________________ (insert chapter name), an affiliate of the Society for Human Resource Management (hereafter called SHRM), requests permission from SHRM for the following:

_____ SHRM Chapter Members
_____ SHRM At-Large Members within Chapter’s established zip code

This request is for one-time use only of this Excel mailing list.

**Purpose of the mailing** - (Choose A or B):

A. _____ Communication about a wholly owned chapter activity or an activity offered in concert with another SHRM-affiliated entity (state council or chapter).

B. _____ Communication to an activity co-developed with a non-SHRM affiliated entity (name of entity: ________________________________).

**Intention of mailing** – (Choose A, B or C) – Communication must be attached

A. _____ Membership drive

B. _____ Upcoming program or event

C. _____ Other ________________________________

**Distribution of Mailing** – (Choose A or B)

A. _____ Completed by the chapter entirely

B. _____ Completed by a third-party (example Mail House, non-SHRM affiliated entity)

*Note: The third-party entity’s signature is required.*
Use of the SHRM “Affiliate Of” logo:

The chapter agrees to use the “affiliate of” SHRM logo in the manner described in the SHRM Graphics Guide. If the activity is co-developed by a non-SHRM affiliated entity, it must be clear that the agreement is between the chapter and the entity and not SHRM and the entity.

The chapter and third-party entity understands and agrees that (i) they may not use this mail list for any purpose other than that covered in the attached contract; (ii) they will not disclose or distribute the list to any third parties, and (iii) this list is owned exclusively by SHRM.

______________________________
Signature of chapter president or designate

______________________________
Print Name

______________________________
Title

______________________________
Date

______________________________
Signature of third-party entity (if applicable)

______________________________
Print Name

______________________________
Title

______________________________
Date

Send the signed document to your **Member Engagement Associate (MEA)** or Email **SHRM.MemberRelations@shrm.org**