STATE COUNCIL REQUEST FOR AUTHORIZATION TO USE SHRM MEMBER LISTS

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

_____ SHRM At-Large Members in the state
_____ SHRM Chapter Members in the state
_____ SHRM Members in the state (both in chapters and at-large)

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

**Purpose of the mailing** - (Choose A or B):
A. _____ Communication about a wholly owned State Council 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 State Council 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 State Council 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 State Council and the entity and not SHRM and the entity.
The State Council and third-party entity understands and agrees that (i) they may not use this mailing 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 (this includes chapters in the state), and (iii) this list is owned exclusively by SHRM.

__________________________________
Signature of State Council 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 or email SHRM.MemberRelations@shrm.org