



SFLERP

**SOCIETY OF FEDERAL LABOR &
EMPLOYEE RELATIONS PROFESSIONALS**

MANAGEMENT • LABOR • NEUTRALS

The Blended Voice of Management, Labor & Neutrals in the Federal Sector

Dear Prospective Member:

Thank you for your interest in becoming an Organizational Member of SFLERP.

Following is the Organizational Membership Application for you to complete, print, fill out and fax or mail to us, along with Membership Application(s) for each individual you wish to sponsor. You may also scan the form and email to us at info@sflerp.org.

How the sponsorship works:

Organization Membership is \$100 which allows an organization to sponsor up to five individuals, each at \$15. Total for 5 would be \$175. If you would like to sponsor more than 5 people, you would pay an additional \$100 for each group of 5 or less plus the individuals' fee. Some organizations will pay the \$100 sponsor fee and have the employees pay their own \$15 membership fee; others will pay the full amount.

Please fill out the Organizational Membership Application and have each individual member fill out the Individual Membership Application. Once the entire packet is complete, please fax, mail or scan/email with payment to the contact information above.

We look forward to having your organization!

SOCIETY OF FEDERAL LABOR & EMPLOYEE RELATIONS PROFESSIONALS

P.O. Box 25112 Arlington, VA 22202 ++ Tel. 703-403-3039 Fax. 703-852-4461
www.sflerp.org info@sflerp.org

ORGANIZATIONAL MEMBERSHIP APPLICATION

An organization whose members or employees are involved in Federal labor-management and employee relations, may become a SFLERP Organizational Member by paying annual dues of \$100. While an organization may not vote in SFLERP matters, it may sponsor up to five named individuals who may join SFLERP as voting members at \$15 each per year. Members must still submit a separate completed application. Organizations may sponsor more members by paying an additional \$100 for every 5 individuals.

ORGANIZATION INFORMATION

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT _____

TEL. _____

Please charge to Visa or MasterCard.

_____ \$100 for the Organizational Membership or \$ _____ (\$100 + \$15 each) including individual fee.

Card Number: _____ Exp. Date: _____

Name of Cardholder: _____ Security Code _____ Billing ZipCode: _____

Signature of cardholder: _____ Tel. Number: _____

SPONSORED INDIVIDUALS' INFORMATION

List the names, email address and phone number of up to 5 individuals sponsored for membership by the organization. If sponsoring more than 5 individuals please print this page and fill out the additional information. Each individual must submit a separate Membership Application (see Membership Application attached). Membership Applications are also available online at www.sflerp.org.

NAME _____ Tel. No. _____

Email _____

NAME _____ Tel. No. _____

Email _____

NAME _____ Tel. No. _____

Email _____

NAME _____ Tel. No. _____

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INDIVIDUAL MEMBERSHIP APPLICATION

Name

Title

Organization

Office Address

City

State

Zip Code

Office Phone

Office Fax

E-mail Address

Home address (for internal mailing purposes only)

City

State

Zip Code

Please print and complete the information above and fax, mail or scan/email with the completed Organizational Membership Application to the address, fax number or email address above.

If the individual member is paying the \$15 membership fee:

Please print and fill out the credit card information below and fax or mail to the address above. If paying by check, please make the check payable to "SFLERP".

VISA and MasterCard accepted:

Name on Card: _____

Credit Card No.: _____

Expiration Date: _____ Security Code: _____ Billing Zipcode: _____

Signature: _____

Cardholder's Telephone No.: _____