



**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.

Below are the Organizational Membership Application and the Individual Membership Application. Print, fill it out, and email it to us, along with the Membership Application(s) for each individual you wish to sponsor.

How the sponsorship works:

There are two options for Organizational Memberships.

1. Organizational Membership is \$150 to sponsor up to five individuals plus the discounted rate of \$20 per person. The total would be \$250.
2. Organizational Membership is \$150 to sponsor up to five individuals and have the individuals pay their own \$20 membership fee.

We are looking forward to you and your organization joining the Society.

# SOCIETY OF FEDERAL LABOR & EMPLOYEE RELATIONS PROFESSIONALS

P.O. Box 9517, Chesapeake, VA 23321 ++ Tel. 757-537-0635  
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 \$150. 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 \$20 each per year. Members must still submit a separate completed application. Organizations may sponsor more members by paying \$150 for every 5 individuals.

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### ORGANIZATION INFORMATION

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT \_\_\_\_\_

TEL. \_\_\_\_\_

Please charge to  Visa or  MasterCard.

\_\_\_\_\_ \$150 for the Organizational Membership or \$ \_\_\_\_\_ (\$150 + \$20 each) including individual fee.

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

### SPONSORED INDIVIDUALS' INFORMATION

List the names, email addresses, and phone numbers of up to 5 individuals sponsored for membership by the organization. If sponsoring more than 5 individuals, please print this page and complete the additional information. Everyone must submit a separate membership application (see attached membership application). Membership Applications are also available online at [www.sflerp.org](http://www.sflerp.org).

NAME \_\_\_\_\_ Tel. No. \_\_\_\_\_

Email \_\_\_\_\_

NAME \_\_\_\_\_ Tel. No. \_\_\_\_\_

Email \_\_\_\_\_

NAME \_\_\_\_\_ Tel. No. \_\_\_\_\_

Email \_\_\_\_\_

NAME \_\_\_\_\_ Tel. No. \_\_\_\_\_

Email \_\_\_\_\_

NAME \_\_\_\_\_ Tel. No. \_\_\_\_\_

Email \_\_\_\_\_

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## INDIVIDUAL MEMBERSHIP APPLICATION

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Name

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Title

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Organization

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Office Address

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City

State

Zip Code

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Office Phone

Office Fax

E-mail Address

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Home address (for internal mailing purposes only)

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City

State

Zip Code

Please print and complete the information above and email it with the completed Organizational Membership Application to info@sflerp.org.

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### **If the individual member is paying the \$20 membership fee:**

Please print and fill out the credit card information in the form below and email it to info@sflerp.org. If paying by check, please make it payable to "SFLERP" and mail it to SFLERP, PO Box 9517, Chesapeake, VA 23321.

VISA and MasterCard accepted:

Name on Card: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip code: \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder's Telephone No.: \_\_\_\_\_