

MEMBERSHIP APPLICATION

PLEASE NOTE, THE FOLLOWING INFORMATION WILL BE PUBLISHED IN OUR MEMBERSHIP DIRECTORY. PLEASE PRINT CLEARLY

Name _____
 Title/Department _____
 Place of Employment/University _____
 This Address is my: Work Home _____

Work Number	Extension	<input type="checkbox"/> Cell <input type="checkbox"/> Home	FAX Number	E-mail Address (preferred)
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Renewal New Member Are you a current National member of ATD? Yes No

1-YEAR MEMBERSHIP INCLUDES EIGHT PROGRAM MEETINGS

- Individual Member \$50.00
- Full-Time Student/Retiree \$25.00
- In Transition (between positions) \$25.00
- Organization Membership: \$50.00 for first member, \$30.00 for each additional member

Additional Member's Names	E-mail Address

If your organization requires an invoice, please contact Membership Services at:
gtacatdmembership@outlook.com



ARE YOU INTERESTED IN WORKING ON A COMMITTEE? (i.e., Marketing, Programs)

YES. I am interested in working on a committee. Please contact me.

PLEASE PRINT, COMPLETE, AND RETURN THIS FORM ALONG WITH YOUR CHECK PAYABLE TO **GTAC-ATD**:

Membership Services
 GTAC-ATD
 P.O. BOX 2597
 Toledo, OH 43606

When ordering materials from **ATD**, please use our Chapter Source Code **3092**.
 This code provides financial support for our Chapter in the form of monetary rebates.