



CCASTD CHAPTER CODE: CH5009

Chicagoland Chapter, ASTD
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MEMBERSHIP APPLICATION

Name First Middle Initial Last

Business Contact Information

Company Name Fax Number

Job Title E-mail Address (see page 2)

Mailing Address [Include mail stop, suite, apt. #, room #, etc.]

City State Zip

Work Phone (Include area code) Home Phone (Include area code)

Professional Profile

Education: (choose one)

- Undergraduate Degree Graduate Degree Post Graduate Degree in Progress

Training & Development Experience: (choose one)

- Less than one year 1-2 years 2-5 years 5-10 years more than 10 years

Areas of Expertise: (Top three only)

- Career Development Education (Academic) Employee Development e-Learning Instructional Design
Learning Organizations IT Training Environmental Health & Safety Team Building Sales Training
Quality Strategic Planning Workplace Diversity
Other

Employment: Internal Employee External Consultant Student Retired Other

In what industry are you employed?

What are your major employment responsibilities?

How did you hear about CCASTD?

- National ASTD Phone Book Internet Business Associate WLP Institute Training Today
Other (please include the name of the person who referred you)

Annual Individual Membership Dues (select one)

- New Member - first year - \$99
New Member - first two years - \$180 (10% discount)
Renewing Member - one year - \$99
Renewing Member - two years - \$180 (10% discount)
Student Member - one year - \$45

WE DO OFFER CORPORATE PARTNERSHIPS -

Are you a member of the National ASTD? Yes No (if no, see page 2)

