



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 - \$124 (includes \$25 processing fee)
New Member - first two years - \$200 (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)

