

Chapter Board Membership Application—Part 1

1 Chapter Contact Information (This is the person who will receive all communication related to chapter board membership administration.)

First (Given) Name

Last (Family) Name

Company

Job Title

Mailing Address 1

Email (For delivery of member benefits.)

Mailing Address 2

Phone

Fax

City State Postal Code

Chapter Name

2 Chapter Board President (If different from chapter contact)

First (Given) Name

Last (Family) Name

Company

Job Title

Mailing Address 1

Email (For delivery of member benefits.)

Mailing Address 2

Phone

Fax

City State Postal Code

3 Attach Chapter Board Member Information (If applicable, use Chapter Board Membership Application—part 2.)

4 Membership Dues

ATD membership includes *TD* magazine, Watch & Learn webcasts, ATD research whitepapers, and much more. Learn about member benefits at www.td.org/membership.



Chapter Leaders receive a free upgrade to Professional Plus.

total members ___ X

~~\$399~~

\$179

\$ _____

Membership Subtotal

\$ _____

5 Five Easy Ways to Pay

Credit Card	Phone	Purchase Order	Wire Transfer	By Check
Please visit https://checkout.td.org/membership . OR Please submit this application via email to customercare@td.org or fax to 703.299.8723. A payment link will be sent to you within two business days after we receive the application.	Our Customer Care representatives are available Monday-Friday, 8 a.m. to 6 p.m. ET. Please call us at 800.628.2783 (U.S.) or 703.683.8100 (International).	A signed P.O., printed on company letterhead, must accompany this application. Dues and subscription prices are subject to change. Please contact ATD Customer Care with questions.	Please visit www.td.org/wiretransfer .	Mailing Address: Association for Talent Development PO Box 200212 Pittsburgh, PA 15251-0212

Chapter Board Membership Application—Part 2 (Please use multiple forms if necessary.)

1 Chapter Board Member—Chapter Leadership Title _____

First (Given) Name

Company

Mailing Address

City State Postal Code

Country

Last (Family) Name

Job Title

Email (For delivery of member benefits.)

Phone

Fax

Current ATD Member

Membership #

2 Chapter Board Member—Chapter Leadership Title _____

First (Given) Name

Company

Mailing Address

City State Postal Code

Country

Last (Family) Name

Job Title

Email (For delivery of member benefits.)

Phone

Fax

Current ATD Member

Membership #

3 Chapter Board Member—Chapter Leadership Title _____

First (Given) Name

Company

Mailing Address

City State Postal Code

Country

Last (Family) Name

Job Title

Email (For delivery of member benefits.)

Phone

Fax

Current ATD Member

Membership #

4 Chapter Board Member—Chapter Leadership Title _____

First (Given) Name

Company

Mailing Address

City State Postal Code

Country

Last (Family) Name

Job Title

Email (For delivery of member benefits.)

Phone

Fax

Current ATD Member

Membership #