**GREATER
TWIN CITIES CHAPTER**
Association for
Talent Development

P.O. Box 604
Hopkins, MN  55343  USA

t: 651.290.6262
f: 651.290.6262  www.atd-gtc.org

# 2015 Membership Application

## Member Information

Name_____

Company Name _____

Job Title_____

Preferred Address (This is: ❑ Work     ❑Home)

Address_____

City_____State_____Zip_____

Phone_____Extension_____Fax_____

Preferred E-mail_____

Web site _____

## Mailing/Listing Information

If you do NOT want to be listed in the directory, check here:          ❑

Are you currently a National ASTD member?                    ❑ Yes     ❑ No

## Membership Level and Dues

Membership dues are non-refundable and are due annually on the anniversary date of acceptance. Dues quoted are subject to change.

### Please choose one:

|         | Chapter Only | Power Professional | Power ProPlus |
|---------|--------------|--------------------|---------------|
| **New**   | $130 ❑      | $329 ❑            | $449 ❑       |
| **Renew** | $110 ❑      | $309 ❑            | $429 ❑       |

Group Corporate Rate (Please list the primary contact on this application and enter additional staff on the next page.)

1.      Level I: Membership for 3-5 staff        ❑ # people____  x $105 = _____
2.      Level II: Membership for 6-10 staff     ❑ # people____  x $100 = _____
3.      Level III: Membership for 11+ staff      ❑ # people____  x $95 = _____

Student Membership Rate
1.      Student Member                      ❑ $ 75
2.      Renewing Member                   ❑ $ 70

TOTAL DUES ENCLOSED                  $ _____

## Payment Options

❑ Check (payable to ATD-GTC)

❑VISA        ❑ MasterCard      ❑ American Express     ❑ Discover

Card Number_____

Exp. Date _____ CVV (required) _____ _____ _____ _____

Name as shown on card (please print):_____

Authorized Signature_____

| (For office use only) | |
|----------|------|
| initials | fin. |
| date     |      |
| CK/CC    |      |
| amt. paid|      |
| bal. due |      |

Acknowledgement

In consideration of ATD-GTC accepting this application I agree that all information provided in this application is complete and correct to the best of my knowledge. I waive and release all claims, demands and actions that I now or may in the future have against ATD-GTC, its officers, directors, members, agents, and employees for any act or omission in granting or denying membership in ATD-GTC or in censoring, suspending, expelling or terminating my membership in ATD-GTC.

Signature:_____ Date _____

* When you join ATD-GTC, you become a member at the local level. Membership in the National ATD

organization has separate dues.