

Membership Application

Please Type or Print Clearly

Personal Information

First Name Middle Initial Last Name

Company Name

Company Size (circle one): Consultant Small (<200 employees) Medium (200-1000 employees) Large (>1000 employees)

Title

Business Phone Number Ext. Email Address (Be Precise) Fax Number

Company Address

City State Zip Code

Home Address

City State Zip Code

Home Phone Number

Preferred Mailing Address for the Membership Directory (circle one): Home Business

Preferred Phone Number for the Membership Directory (circle one): Home Business

Please do not publish my phone number in the directory.

Application for:

- Individual membership (\$75 includes \$15 application fee; annual renewal fees are \$60).
- Student membership (full-time student with at least nine credits - include a copy of current enrollment form, \$45 includes \$15 application fee; annual renewal fees are \$30).
- Group membership (5 or more applications, a single check, \$67.50 per person includes \$13.50 application fee; annual renewal fees are \$54 per person if paid together with a single check).

Method of Payment:

Check Visa/Mastercard Card#: _____ Exp. Date: _____

Signature: _____ Date: _____

For your convenience, credit card orders may be faxed to the ASTD Silicon Valley Chapter Office at 925/253-9259.

Please complete both sides of this form

Revised 10/12/99

