



THE GREATER TOLEDO AREA CHAPTER (GTAC) OF THE AMERICAN SOCIETY FOR TRAINING AND DEVELOPMENT (ASTD) **2008-2009 MEMBERSHIP APPLICATION FORM**

Name _____ Ms. Mrs. Mr. Dr.

Title/Department _____

Place of Employment/University _____

This is my: Work Home Mailing Address: _____

Telephone Numbers: _____ / _____ / _____ / _____
City State Zip Code
 Cell or Home Number Work Number Ext. Fax Number

E-Mail Address* _____

*OUR PREFERRED METHOD OF COMMUNICATION WITH OUR MEMBERS

GTAC MEMBERSHIP YEAR RUNS 9-1-2008 THROUGH 8-31-2009

DUES: RENEWAL NEW Member Are you a current member of **ASTD**? YES NO

OPTION 1: 1-YEAR MEMBERSHIP DUES ONLY FOR 2008-2009

POSTMARKED **BEFORE 09-12-08**

POSTMARKED **AFTER 09-12-08**

- \$50.00 Individual Member
- \$10.00 Full-Time Student/Retiree**

- \$60.00 Individual Member
- \$20.00 Full-Time Student/Retiree**

Advisor's Signature

Advisor's Signature

OPTION 2: 1-YEAR MEMBERSHIP DUES PLUS 5 GENERAL MEETINGS for 2008-2009***

POSTMARKED **BEFORE 09-12-08**

POSTMARKED **AFTER 09-12-08**

- \$130.00 Individual Member
- \$80.00 Full-Time Student/Retiree*

- \$140.00 Individual Member
- \$90.00 Full-Time Student/Retiree*

Advisor's Signature

Advisor's Signature

**Students must send evidence of full-time enrollment in an academic program and provide an Advisor's Signature.

***Pre-pay for all five program meetings held September 2008 through July 2009. If you are unable to attend, you may send someone in your place; however, there are no refunds for missed meetings. Special educational programming may include additional charges.

COMMITTEES: I am interested in working with the following committee(s): (go to www.gtac-astd.org for descriptions)

- Marketing/Website
- Program Planning/Coordinating
- Special Projects

PLEASE RETURN THIS FORM ALONG WITH YOUR CHECK PAYABLE TO GTAC~ASTD TO: Vickie Leeming, Membership
GTAC~ASTD, 6111 Chaney Drive, Toledo, OH 43615

Please note our association cannot take credit cards. However, if your company requires an invoice, please contact Vickie Leeming, VP of Membership Services at: gtac-astd@bex.net or (419) 841-8889 (office)

✂ (Detach and retain bottom portion for your records)

GTAC~ASTD 2008-2009 Membership Dues: Date Paid: _____ Amount: _____ Check # _____

WHEN ORDERING FROM ASTD, PLEASE USE OUR CHAPTER SOURCE CODE 3092. USING THIS CODE PROVIDES FINANCIAL SUPPORT FOR OUR CHAPTER IN THE FORM OF MONETARY REBATES FROM ASTD.