

## Chapter Membership Application

Referred By (if applicable): \_\_\_\_\_

Salutation (Include Periods if required) *examples: Mr. Ms. Dr.* \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Suffix (Include Periods if required) *examples: Jr. Sr* \_\_\_\_\_ Degrees *examples: MBA, PhD, MS* \_\_\_\_\_

Title \_\_\_\_\_ Company Name \_\_\_\_\_

PO Box \_\_\_\_\_ Locator *examples: Bldg 2, Rm 103 or Degan Bldg, Suite 40* \_\_\_\_\_

Street Address (include suite, room, etc. if not part of Locator) *example: 2397 Some Ave, Suite 4*  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ (*NOTICE: ASTD Pittsburgh does not sell e-mail addresses*)

Website - Enter ONLY your domain name. *example (mydomain.com)* \_\_\_\_\_

Phone: A/C, Exch, Number, Extension (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Fax: A/C, Exch, Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### MEMBER CLASSIFICATION

Please indicate what classification best describes your current role in training & development:

- Corporate Practitioner
- Consultant
- Training & Development Vendor
- Student
- Other

### PROFESSIONAL EXPERIENCE

How many years of experience do you have in the Training and Development Industry?

- less than 1 year
- 1 to 2 years
- 2 to 5 years
- 5 to 10 years
- more than 10 years

### OPTIONAL INFORMATION

Where did you hear about ASTD Pittsburgh?

- ASTD Pittsburgh Website
- ASTD National Website
- Business Associate
- Other \_\_\_\_\_

### GETTING CONNECTED

Please indicate the committees in which you would like to participate:

- Communications
- Membership
- Programming

Please choose your payment method:

- Company/Corporate Check made payable to ASTD Pittsburgh
- Personal Check made payable to ASTD Pittsburgh
- Credit Card

Cost (circle one):      General Member \$65.00                      Student Member \$30.00

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Security Code : \_\_\_\_\_ Exp. Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Card Type:    \_\_\_\_\_ Visa    \_\_\_\_\_ MasterCard    \_\_\_\_\_ American Express

Signature (required for credit card registration): \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Mail this page and check (if not paying by credit card) to:  
**ASTD Pittsburgh, PO Box 802, Greensburg, PA 15601**

If paying by credit card, fax this entire page to  
**1-866-342-6369, Attention: J George.** No cover page necessary.