



MEMBERSHIP APPLICATION

NEW APPLICATION RENEWAL APPLICATION

Name: _____	Email: _____
Company: _____	Telephone: _____
Position: _____	Website: _____
Address: _____	Sponsor: _____
City/St/Zip: _____	National ATD Member? _____
	Member # _____
Briefly describe your training and development duties.	

What skills and talents do you possess that enhance your ability to perform training and development?	

MEMBERSHIP FEES

<u>OPTIONS</u>	<u>PER PERSON</u>	<u>CALCULATIONS</u>
Memberships		
Individuals	\$50.00/yr (Joining Jan-June)	\$ _____
Individuals	\$25.00/yr (Joining July-Dec)	\$ _____
Corporate 2-4 members (each)	\$40.00/yr (Joining Jan-Dec)	\$ _____
Corporate 2-4 members (each)	\$20/yr (Joining July-Dec)	\$ _____
Corporate 5+ members (each)	\$35.00/yr (Joining Jan-June)	\$ _____
Corporate 5+ members (each)	\$18/yr (Joining July-Dec)	\$ _____
<i>(Please have each corporate member complete separate forms and submit together.)</i>		
Meal Plan	\$80.00/yr	\$ _____
Instead of paying at the door, use the meal plan! (Includes December Awards meeting)		
	Total	\$ _____

Please return completed application and check to:

NLA ATD
PO BOX 52502
Shreveport, LA 71135-2502