

P.O. Box 10847 Cedar Rapids, IA 52410-0847 www.HawkeyeATD.org

Individual Membership Application/Contact Information Form

Please **print** your contact information below and return the *completed application* with your payment to the address below. Please note that this information will also be posted on the member's directory available by password on the website.

Name (first and last):		
Employer:		
Position:		
Address:		
City:	State:	Zip:
Work Phone:	Cell/Home Phone (c	optional):
Email address:		
 Please circle Preferred Meeting Site Please circle Type of Membership: Are you a National ATD member? Name of ATD-Hawkeye Chapter memory Are you CPLP certified? Yes No May we publish your name and con 	Renewal or New Yes No If yes, ple ember that referred you:	Member ase provide ID#:
Please include any additional informati environment, etc.)		
Please indicate your volunteer interest □ Events □ Marketing/Socia □ Programs □ Sponsorship	l Media 🔲 Membershi	
business, authorized communication between members. If you have questi president. Submission of this appli As a member of the Hawkeye Chapter of A Chapter website. For example, if you are a your business at no charge. Please contact	about events of potentions or concerns about vication indicates your and at the ventile of the v	s confidential and is to be used for chapter ial interest to members, and networking iolations of this policy, contact the chapter acceptance of this policy. Your business as a resource on the Hawkeye you are able to post contact information about u are interested in pursuing this possibility.
	\$274/\$394 (Must also co ate \$300/year (Send list	omplete Power Member application) of members and e-mail addresses with
Please make checks payable to: ATD F Send to: ATD Hawkeye Chapter PO Box 10847 Cedar Rapids, Iowa 52410-0847	lawkeye Chapter.	Do you require a receipt? Yes □ No □

Through exceptional learning and performance, we create a world that works better.