



For Office Use Only

Cash /PayPal/Check# _____ Date: _____ ATD Rep: _____
Data Entry Date: _____

Corporate Six Membership Application

Membership Fee entitles members to all Central Florida-ATD services for one twelve month period. *Corporate 6* membership provides transferable membership for six (6) persons employed by the same organization. A company representative is required to oversee the membership for the organization.

Please make checks payable to: CFC-ASTD. Mail with completed form to P.O. Box 195779 Winter Springs, FL 32719

Circle one - \$ 225 New Member \$ 225 Renewal

Renewing? Please complete all contact information in box below, as well as anything that may have changed:

Please provide as much information as possible – we will use this to notify you of events and benefits
(Please note if you do not wish any portion of your contact information to be included in the *Members Only* Membership Directory)

Company name: _____

Main phone: _____

Address: _____

How many overall staff members are there in the training department? _____

How long has your company been a member of CF-ATD? _____

Did a chapter member refer you to join? Y / N If so, who: _____

Company Representative

Name: _____

Title: _____

E-mail: _____

Professional Practice Area: _____

Function: _____

National ATD Member: Yes No

Member #2: Name: _____ E-mail: _____	Title: _____ Professional Practice Area: _____ Function: _____ National ATD Member: Yes No
Member #3: Name: _____ E-mail: _____	Title: _____ Professional Practice Area: _____ Function: _____ National ATD Member: Yes No
Member #4: Name: _____ E-mail: _____	Title: _____ Professional Practice Area: _____ Function: _____ National ATD Member: Yes No
Member #5: Name: _____ E-mail: _____	Title: _____ Professional Practice Area: _____ Function: _____ National ATD Member: Yes No
Member #6: Name: _____ E-mail: _____	Title: _____ Professional Practice Area: _____ Function: _____ National ATD Member: Yes No