

Mississippi Chapter Association for Talent Development

2017 Membership Profile and Application Form

Name:

Current Position/Title:

Company Name:

Mailing Address:

E-mail:

ATD group you want to join: ❑Central Mississippi Chapter ❑Lighthouse GIG

Work Phone #: Cell Phone #

Membership segment that best fits your work situation:

❑External Consultant ❑ Internal Training/Performance Professional

❑Academic Professional ❑Student ❑ Other

Areas of training expertise in which you feel competent to instruct ATD members:

Are you a member of National ATD? ❑ Yes ❑ No

(See www.td.org for more information on membership in our national organization.)

Other professional organizations to which you belong:

Special ATD interests:

|  |  |
| --- | --- |
| **Types of Memberships:**  **Corporate** **$290**  (Annual dues + monthly meeting fees)  Transferrable to another employee    **Individual**  **$50**  (Annual dues only)  Non-transferrable  **Student** **$25** (Annual dues only)  Non-transferrable  **Dues run from January to December.** | **Make your check payable to Mississippi Chapter of ATD.**  **Return this Application**  **with your invoice and dues to:**  **Mississippi Chapter of ATD**  **ATTN: Treasurer**  **P.O. Box 13115**  **Jackson, MS 39236-3115** |