**[](http://www.hawkeyeastd.org/)**

P.O. Box 10847

Cedar Rapids, IA 52410-0847

www.hawkeyeatd.org

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

**Corporate Membership Application/Contact Information Form**

Please complete the company information below and the individual members’ information on page 2. Please return *both pages* of 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 of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle Type of Membership: Renewal or New

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle Preferred Meeting Site: Waterloo Cedar Rapids Dubuque Iowa City

Name of Hawkeye ATD Chapter member that referred you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we publish your names and company on our public website? Yes No

Please see page 2 for each individual’s registration information.

Member information is confidential and is to be used for chapter business, authorized communication about events of potential interest to members, and networking between members. If you have questions or concerns about violations of this policy, contact the chapter president. **Submission of this application indicates your acceptance of our Member Information Privacy Policy.**

Chapter dues are paid annually, based on the effective date of your membership. The cost of a Corporate Membership is $300/year for up to 5 members. If more than 5 members from a single company wish to join, the first 5 will be on the corporate membership and the additional employee(s) will be charged the prorated individual membership rate ($60/year). The 5 memberships *cannot* be rotated throughout the year with other employees.

**Only the Administrator for your corporate membership should complete the application.**

Please make checks payable to: **ATD Hawkeye**.

Do you require a receipt?

Yes \_\_\_\_ No\_\_\_\_\_\_

**Send to:**

ATD Hawkeye Chapter

PO Box 10847

Cedar Rapids, Iowa 52410-0847

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Please **print** the contact information for your corporate members below and return *both pages* of the *completed application* with your payment to the address on page 1 of the application. Please note that this information will also be posted on the member’s directory available by password on the website.

Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Contact for Company’s Corporate Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **Name (First & Last)** | **Position** | **Work Phone** | **Email** | **National Member**  **If yes, please provide your ID** | **CPLP Certified?**  **Yes or No** |
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**Only the Administrator for your corporate membership should complete the application.**

Thank you for your membership! We are looking forward to having you join us.