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**Membership Application**

(application must be in the name of an individual)

**CHIP #8062**

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Title: | | |
| Organization: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Fax: | |
| Email: | | Referred by: |

**Membership Type New Renewal**

Valley of the Sun Chapter(VOS) Only ❑ $75.00 ❑ $75.00

Valley of the Sun Chapter – HPI Student ❑ $65.00 ❑ $65.00

Valley of the Sun Chapter – Full time student ❑ $30.00 ❑ $30.00

Valley of the Sun Chapter –

Corporate Group Rate (up to 5 members) ❑ $300.00 ❑ $300.00

VOS Chapter – Board of Director/Volunteer ❑ $45.00 ❑ $45.00

**Method of Payment:**

❑ Check ❑ Visa ❑ Mastercard ❑ American Express

CC #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration\_\_\_\_\_\_\_\_\_\_\_\_

Return this application with payment to:

|  |  |
| --- | --- |
| ATD-VOS  P.O. Box 51978  Phoenix, AZ 85076-1978 | [member@atdvos.org](mailto:member@atdvos.org) |

**For more information visit:** [**http://atdvos.org**](http://atdvos.org)

**For information about joining the ASTD National visit:** [**www.td.org**](http://www.td.org)