

# Local Membership Application For Individuals

North Alabama Chapter  
of the  
AMERICAN SOCIETY OF TRAINING AND DEVELOPMENT, Inc.  
Post Office Box 1  
Huntsville, AL 35804-0001  
Telephone: 256-539-7117 (voice mail only)  
Web Page: [www.astdna.org](http://www.astdna.org)

**Joining our local chapter is easy.** Fill in this form and provide payment. You can pay by check or you can pay by credit card. (See the back of this sheet for credit-card payments.) Then mail this completed form (and check, if using one) to our post office box.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City, State, ZIP Code: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

All of the above information may appear in any chapter directories produced, unless you indicate otherwise. Please don't publish the following information:

Payment directions on the next page.

## Payment by Check

- Since I am a national member, I have enclosed a payment of \$36 for local membership.  
 Since I am **not** a national member, I have enclosed a payment of \$48 for local membership.

## Credit-Card Authorization

- Since I am a national member, I authorize the North Alabama Chapter of ASTD, Inc., to charge \$36 to my credit card for local chapter membership  
 Since I am **not** a national member, I authorize the North Alabama Chapter of ASTD, Inc., to charge \$48 to my credit card for local chapter membership.

Name (as it appears on card, if different from name on front of this form):

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Billing Address (for card, if different from address on front of this form):

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City, State, ZIP Code: \_\_\_\_\_

Check one:  Visa  MasterCard (Sorry. No other cards accepted!)

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail completed form to ASTDNA, Post Office Box 1, Huntsville, AL 35804-0001.