WPTCA Membership Application and Change Form

Date: _____

2009 Membership (April 1, 2009 to March 31, 2010)

CONTACT INFORMATION

Name: _____
Dr./Mr./Mrs./Ms. First Middle Last Jr./Sr./Ph.D., etc.

Organization: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone (plus extension): _____ Fax: _____

Email: _____ Referred by: _____

☐ Check here if you would like to serve on a WPTCA committee, and someone will be in touch with you soon!

WPTCA has several membership categories, choose the one that best fits you:

☐ Professional Member *($75 individual)*
☐ Affiliate Member *($75 individual)*
☐ Corporate Member *($225 up to 4 members, $50/person after 4)*
☐ Student Member *($10 individual)*

Please visit our website for category definitions.

Payment is due by March 31, 2009. Please make your check or money order payable to WPTCA and return to:

WPTCA
P.O. Box 22382
Pittsburgh, PA 15222-2382

The WPTCA appreciates your continued support! We look forward to providing you with important compensation information, including breakfast meetings, WorldatWork certification courses and opportunities for networking in 2009/2010.

Please visit the WPTCA website at: http://www.wptca.org/ for additional information and to view a schedule of 2009 events.