WPTCA

MEMBERSHIP APPLICATION AND CHANGE FORM

Forward completed application to WPTCA

Western Pennsylvania Total Compensation Association
WPTCA
PMB #136
10 St. Francis Way
Cranberry Twp, PA 16066
www.wptca.org

PREFERRED CONTACT INFORMATION

☐ New Member ☐ Past Member

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

Organization: _____ Job Title: _____

How long in current role: _____ How long in profession: _____

Address: _____

City: _____ State/Prov.: _____ ZIP/Postal Code: _____ Country: _____

Telephone (plus extension): (____) _____ Fax: (____) _____

E-mail: _____ Referred By: _____

Notice: The sale or other commercial use of e-mail addresses, mailing addresses & telephone numbers at WPTCA web site or directories is strictly prohibited

MEMBERSHIP DUES

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)*

☐ ***Check here if you would like to serve on a committee***

MEMBERSHIP PROFILE

To best serve your needs, it is important for us to know about your background and current assignment. Please take a few minutes to complete the following member profile questionnaire.

1. Please circle the one item that best describes your organization's industry.

(A) Manufacturing
(B) Wholesale/Retail Trade
(C) Finance/Banking
(D) Insurance
(E) Service – Non Profit
(F) Healthcare
(G) High Tech
(H) Government
(I) Business Services
(J) Transportation
(K) Utilities
(L) Oil/Gas/Natural Gases
(M) Education Services
(N) Construction/Real Estate
(O) Publishing Newspaper
(P) Communications
(Q) Other (please specify) _____

2. Please choose the one item that best describes your current level of responsibility.

(A) Senior Executive/Director/Vice President
(B) Manager/Assistant Director
(C) Supervisor
(D) Senior Analyst/Analyst
(E) Consultant
(F) Educator/Academician
(G) Other (please specify) _____

3. Please circle the category closest to your parent organization's size in total number of employees (include full-time employees and full-time equivalents as well as bargaining units and all controlled subsidiaries).

(A) Fewer than 100 employees
(B) 100 to 499
(C) 500 to 999
(D) 1,000 to 2,499
(E) 2,500 to 4,999
(F) 5,000 to 9,999
(G) 10,000 to 19,999
(H) 20,000 or more

Number of unionized employees _____

4. Please circle the one letter that best describes your current "breadth" of responsibility. (Indicate only one.)

(A) HR Generalist
(B) Compensation only
(C) Benefits only
(D) Compensation & benefits
(E) Non-HR functions (please list) _____
(F) HR specialty (other than compensation & benefits) _____
(G) Total Rewards

5. Please indicate the areas of which your current job assignment has functional or individual contributor responsibility. (Please circle all letters that apply.)

COMPENSATION

(A) Direct Base Pay
(B) Executive Compensation
(C) Variable Pay/Cash Bonus Plans
(D) Management Incentives
(E) Sales Compensation
(F) Broad-based Equity/Stock Plans
(G) Other Compensation (please specify)

BENEFITS

(H) Welfare Plans (health, dental, disability, etc.)
(I) Retirement plans (capital accumulation/pensions)
(J) Executive benefits
(K) Work/Life
(L) Other benefits (please specify) _____

INTERNATIONAL REMUNERATION

(M) Expatriate pay and allowances
(N) Local national pay and/or TCN pay
(O) Non-U.S. benefits
(P) International remuneration program(s) not included above (please specify) _____

WHAT COMPENSATION TOPICS ARE OF MOST INTEREST TO YOU?