



# Corporate Membership Application

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

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

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Link our company website on the MM-ASTD website: URL: \_\_\_\_\_

Information to be published in the Chapter directory:  YES  NO

1 <sup>st</sup> Member:	_____	_____	\$50
	Name	Title	
	_____		
	E-mail		
2 <sup>nd</sup> Member:	_____	_____	\$50
	Name	Title	
	_____		
	E-mail		
3 <sup>rd</sup> Member:	_____	_____	\$50
	Name	Title	
	_____		
	E-mail		
4 <sup>th</sup> Member:	_____	_____	\$50
	Name	Title	
	_____		
	E-mail		
5 <sup>th</sup> Member:	_____	_____	FREE
	Name	Title	
	_____		
	E-mail		
<b>Total Enclosed:</b>			<b><u>\$200</u></b>

**Note:** The above listed memberships are retained by the company and transferred from one individual to another by employer's discretion.

**Please make checks payable and mail to:**  
Mid Michigan ASTD Chapter  
P.O. Box 22211 Lansing, Michigan 48909

**Note:** National ASTD and the Mid Michigan ASTDChapter are affiliated but separate organizations.  
The cost for Chapter membership is separate from the National membership.  
**(ASTD Local Tax I.D. Number 390852310)**