| ATD-PR Board 0f Directors (BOD) volunteer colaborator Registration Form(volunteers are not required to be active members) |
| --- |
| current memebership level: |  |
|  Individual ATD-PR membership |  Corp. ATD-PR Group membership |  ATD-PR power member Exclusive for active  members of Atd-natIONAl |  NoT ATD-PR member |

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| --- |
| profile details |
| Name: | Personal Phone: |
| Date of birth (MM/DD): | ATD-PR Member/ Contact ID#: | ATD-PR Membership Due Date: |
| Current address: |
| City: | State | ZIP Code:  | Personal E-mail: |
| Employment Information |
| Current employer: |
| Employer address: | How long with current employer? |
| Phone: | E-mail: | Alternate E-mail: |
| City: | State: | ZIP Code: |
| Position: | How long in current position? | Industry: |
| I am available as volunteer collaborator for the upcoming events or meetings |
| * BOD Meeting: September 15
 | * Annual Members Meeting (Asamblea): September 22
 |
| * BOD Meeting: October 20
 | * Annual Employee Learning Week recognition event: December 2
 |
| * BOD Collaborator 2017
 | * Become an elected member of the BOD
 |
| Reffer Friends: who do you know that could benefit by being a volunteer collaborator in the atd-pr BOD |
| Name & Contact Information | Name & Contact Information | Name & Contact Information |
|  |  |  |
|  |  |  |
| Signatures |
| I authorize that my contact information, provided on this form, be added to the ATD-PR register. I also authorize that members of the ATD Board of Directors contact me as may be required.  |
| Signature of Applicant: | Date: |
| Review/ Approval: ATD-PR Board Repreentative  | Date: |
| Sign UP as a collaborator TODAY and participate in a draw for **one of two** “6 months complementary ATD-PR Memberships” (or 6 month extension of an existing membership) to be realized during the Annual Conference. Yes FREE Membership for 6 months! |