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January 2007

Dear Training & Development Colleague:

Happy New Year! It's that time of year again!

I've enclosed a 2007 **Renewal** membership form for Vermont's Chapter of ASTD. If your place of business has 3 or more employees who are interested in joining VTASTD, I've also enclosed a **Corporate** membership application for your use.

We have been working hard to ensure that membership with the Vermont Chapter of ASTD provides one of the best professional values you can find. ASTD membership offers opportunities to stay informed, keep connected, develop your career, measure your success, get inspired and work the network of HR and training professionals.

As an ASTD member, you are eligible for:

- Annual ASTD Training Award
- Receive notice of future ASTD program meetings and special events
- Attend all programs at a reduced rate
- Have the opportunity to share your expertise and network with fellow professionals
- Receive occasional gifts, such as the F.A.D (frequent attendance discount) Card
- Membership resources on the Vermont ASTD website
- Attend The Professional Collaborative (TPC) events at a member rate.
- Be eligible for a VTASTD scholarship.

***Simply complete the enclosed membership form and return it with a check made payable to: ASTD – Vermont Chapter, postmarked by January 31, 2007 for a 10% rate discount. Please fill out all information***

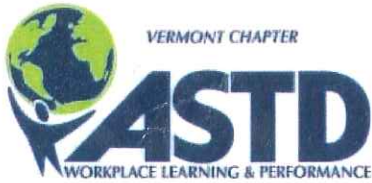
Vermont ASTD is your local professional training and development association. Your comments, questions, and suggestions are very important to the Board. I invite you to call or e-mail any Board member.

**If your mailing or e-mail address changes, please notify me.**

***I'm looking forward to seeing you at an upcoming program!***

Sincerely,

Marsha Kuhn  
Vice President  
VTASTD  
[www.vtastd.org](http://www.vtastd.org)



## Individual Membership Application

**Membership is valid January 1, 2007 to December 31, 2007**

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

Company: \_\_\_\_\_ Type of Organization: \_\_\_\_\_

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

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

Phone( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

### Type of membership:

- Student (\$20.00)
- Individual (non-National member) **1 Year:** (\$35.00) or **2 Year:** (\$63.00) or **3 Year:** (\$89.00)
- Individual (National Members) **1 Year:** (\$25.00) or **2 Year:** (\$45.00) or **3 Year:** (\$63.75)

\*Envelopes must be postmarked by January 31, 2007.

### Area(s) of Professional Expertise (Please mark up to 3):

- |   |   |
|---|---|
| <input type="checkbox"/> Organizational Development       | <input type="checkbox"/> Career Development           |
| <input type="checkbox"/> Technical Training               | <input type="checkbox"/> Sales & Marketing Training   |
| <input type="checkbox"/> Instructional Design             | <input type="checkbox"/> Human Resources Management   |
| <input type="checkbox"/> Performance Management           | <input type="checkbox"/> Performance Consulting       |
| <input type="checkbox"/> Business / Personal Consultation | <input type="checkbox"/> Facilitation                 |
| <input type="checkbox"/> Educator                         | <input type="checkbox"/> E-learning                   |
| <input type="checkbox"/> Learning Management Admin        | <input type="checkbox"/> Training Content Development |

Years of Experience: 1-5  6-10  10 +

### Future program topics I am most interested in for the coming year:

- |  |   |
|--|---|
| <input type="checkbox"/> Strategic Assessments             | <input type="checkbox"/> Conflict Management/ Negotiation |
| <input type="checkbox"/> Career Development                | <input type="checkbox"/> Organizational Development       |
| <input type="checkbox"/> Training-the-Trainer              | <input type="checkbox"/> Diversity Training               |
| <input type="checkbox"/> Project Management                | <input type="checkbox"/> Downsizing                       |
| <input type="checkbox"/> Change Management                 | <input type="checkbox"/> Web-based Learning               |
| <input type="checkbox"/> Writing Communication Skills      | <input type="checkbox"/> Facilitation Skills              |
| <input type="checkbox"/> Computers/CBT                     | <input type="checkbox"/> TQM/Quality Improvement          |
| <input type="checkbox"/> Conference/Meeting Management     | <input type="checkbox"/> Instructional Design             |
| <input type="checkbox"/> Leadership Development            | <input type="checkbox"/> Knowledge Management             |
| <input type="checkbox"/> Motivation / Team Building Skill  | <input type="checkbox"/> Quality of Work Life             |
| <input type="checkbox"/> Performance Appraisal/ Management | <input type="checkbox"/> Human Performance Improvement    |

**Please mail this application form and check to:**

ASTD-VT Chapter  
c/o Heidi Masi  
34 Cherrywood Drive  
Barre, Vermont 05641





P.O. Box 231  
Burlington, VT 05401-0231

## ASTD – VERMONT CHAPTER 2007 CORPORATE MEMBER APPLICATION

*Membership is valid January 1, 2007 to December 31, 2007*

Date of Application \_\_\_\_\_

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Type of Organization: \_\_\_\_\_

**Please list three people from your organization to receive ASTD mailings. You may add additional names on the reverse side of this sheet to receive ASTD e-mailings. Make sure to include e-mail address.**

(1) Name \_\_\_\_\_ Title \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Business Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

(2) Name \_\_\_\_\_ Title \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Business Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

(3) Name \_\_\_\_\_ Title \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Business Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Area(s) of Professional Expertise (Please mark up to 3):**

Member #			Member #		
(1)	(2)	(3)	(1)	(2)	(3)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Years of Experience: 1-5 \_\_\_\_\_ 6-10 \_\_\_\_\_ 10+ \_\_\_\_\_

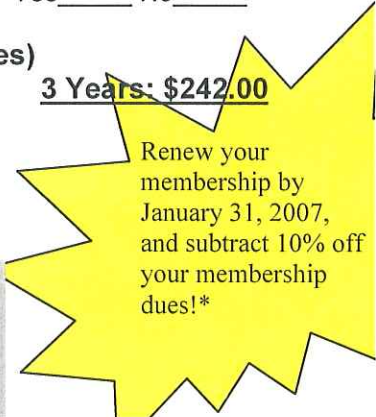
May the information on this application be included in our annual mailing to ASTD members? Yes \_\_\_\_\_ No \_\_\_\_\_

**Corporate Membership 1 , 2 and 3 Year terms: (includes all company employees)**

**1 Year: \$95.00                      or                      2 Years: \$171.00                      or                      3 Years: \$242.00**

***Please mail this application form and check to:***

***\*Envelopes must be postmarked by January 31, 2007 for 10% discount.***



**ASTD-VT Chapter  
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Barre, Vermont 05641**