



*The Association of
Technology
Professionals, Inc.*

Application for ATP Membership

Purpose - The purpose of the ATP is to promote the effective design, operation, and management of various technology systems including voice and data. ATP provides a forum for the exchange of ideas, innovations and applications among its members through bi-monthly meetings. The meetings, in turn, establish a community for common interests and promote personal advancement within the IT profession.

Memberships - Membership is by organization, or by individual. With a Corporate membership, any number of individuals from the member organization are then welcome to attend meetings. **Individual membership allows those who are not associated with a company to participate in ATP functions.**

Dues/Fees - Annual dues (January – December) for a **Corporate membership** are \$150 per organization. This membership includes one complimentary attendee at each of the six (6) regular ATP meetings. For each additional attendee, there is a \$10 per person meeting fee, which includes lunch. (Additional meeting fees can be pre-paid. See invoice for more information.) Annual dues for an **Individual membership** are \$40 which include your first meeting. Additional meeting fees are \$10 per meeting. **Non-members pay \$20 per person** (*All membership fees are non-refundable*)

Meetings - ATP meetings are held on the second Wednesday of every other month (February through December) at OCLC in Dublin. Meetings typically run from 9 a.m. until noon followed by lunch. Meetings comprise guest speakers, presentations, discussions, and ATP business meetings. Employees of member organizations, guests, and students are welcome to attend meetings.

INFORMATION ABOUT YOUR ORGANIZATION:

Organization: _____

Address: _____

City/State/Zip: _____

Web Site: _____

Company Description:

ORGANIZATION CONTACTS:

Please provide the contacts for your organization. Special communications from ATP will be directed to the primary contact. Newsletters, announcements and other correspondence will be directed to each company contact unless otherwise specified.

Primary Contact Person: _____

(Check box if address is same as Organization)

Address: _____

Title: _____

Phone: (____)____-____

Fax: (____)____-____

E-mail: _____

Check this box if you **do not** wish to receive ATP NewsLines

2nd Contact Person: _____

(Check box if address is same as Organization)

Address: _____

Title: _____

Phone: (____)____-____

Fax: (____)____-____

E-mail: _____

Check this box if you **do not** wish to receive ATP NewsLines

3rd Contact Person: _____

(Check box if address is same as Organization)

Address: _____

Title: _____

Phone: (____)____-____

Fax: (____)____-____

E-mail: _____

Check this box if you **do not** wish to receive ATP NewsLines

COMMENTS : _____

TAX CLASSIFICATION:

ATP is a non-profit 501 (C) (6) tax-exempt organization. The Tax ID/Employer ID No. is 31-1255820.

MAIL MEMBERSHIP APPLICATION TO:

The Association of Technology Professionals, Inc.
Attn : Steve Schlicher
ATP Treasurer
PO Box 932
Dublin, OH 43017

treasurer@atp-ohio.org



The Association of Technology Professionals, Inc.

INVOICE

Applicant's Purchase Order Number: _____

Corporate Membership fee / renewal \$150

Membership fees include one complimentary attendee at each of the six (6) regular ATP meetings. For each additional attendee, there is a \$10 per person meeting fee, which may be prepaid. This optional prepayment may provide budget benefits and speeds up the registration process. These credits are available to others within your company or organization but must be used within the calendar year.

6 Prepaid Meeting Fees (Optional) \$ 60

Individual Membership fee / renewal \$ 40

For Individuals not currently employed by an organization. Membership fees include first meeting. Attendance for additional meetings is \$10, which may be prepaid. This optional prepayment may provide budget benefits and speeds up the registration process. These credits must be used within the calendar year.

5 Prepaid Meeting Fees (Optional) \$ 50

* All Fees are Non-Refundable TOTAL PAYMENT * _____

Organization / Member Name: _____
Primary Contact: _____
Address: _____
City/State/Zip: _____
Telephone No: _____
E-Mail Address: _____

METHOD OF PAYMENT:

Check (Enclosed) Please make payable to ATP Treasurer

Credit Card: Am Express Discover Master Card Visa

Card No.: [grid of boxes for card number]

Expiration Date: ___/___ Name on Card: _____

Street Address of Cardholder (digits only): _____ Zip Code _____ Last 3 digits on back of card: _____

Signature: _____

Mail Payment to:

The Association of Technology Professionals, Inc
Attn: Steve Schlicher
ATP Treasurer
PO Box 932
Dublin, OH 43017