



2008 OD NETWORK SAN DIEGO APPLICATION FOR MEMBERSHIP

Please print and complete a hardcopy version of this application, fill out all fields below, and mail with full payment to: OD Network San Diego 3215 Costa Alta. Dr., #82 Carlsbad, CA 92009. Thank you for your interest! **NOTE: * = required field**

1) Membership Status: *

- New Membership
 Renewal Membership

2) Personal Information:

First Name: * _____
 Last Name: * _____
 Company: _____
 Job Title: _____
 School Name (if student): _____ # Units: _____ (Semester/Qtr)

3) Contact Information:

Address: * _____
 City: * _____ State: * _____ Zip: * _____
 Tel # - Work: _____ Tel #- Fax: _____
 Email Address: * _____
 Your Business Website URL (if applicable): _____

NOTE: all information will be published in our online Membership Directory unless your request otherwise. See below Section 5, 5th item.

4) You & Your Work: *

a) Areas that best describe focus of your work (Check all that apply)

- Organization Development (OD)
 Leadership Development (LD)
 Performance Consulting
 Coaching
 Human Resources (HR)
 Training & Development
 Student (OD, I/O Psych, etc)
 Other: _____

b) Years working: *

(i) **As OD Practitioner (# yrs)?** ___ 0-3 ___ 4-6 ___ 7-10 ___ 11-20 ___ 20-30 ___ 31+

(ii) **Entire Career (#/yrs)?** ___ 0-3 ___ 4-6 ___ 7-10 ___ 11-20 ___ 20-30 ___ 31+

5) OD Network San Diego Involvement:

Our members help make us strong. Please indicate how you might contribute to our chapter (Check all that apply):

___ I would be interested in helping to find/suggest a speaker for a future monthly program.
If yes,
topic(s): _____

___ I would be interested in volunteering on an OD Network San Diego committee.
Circle one: Marketing Membership Programs Finance

___ I am currently a national OD Network member
NOTE: national and local chapter membership are separate

___ My organization could provide low-cost or no-cost facilities or equipment for OD Network San Diego programs.

6) Specify Membership Type & Annual Dues: *

We recognize the diversity of our members and our dues structure and membership privileges reflect this. Please select your membership type based on the descriptions below. Dues run from Jan. 1st – Dec. 31st. If you join OD Network San Diego after Jan. 31st, then your dues will be prorated based on the semi-annual period you join (see table next page). Check only one:

___ **Professional Membership** - \$100/year
OD consultant, professor, exec coach, HR, Training/Development

___ **Corporate Membership** - \$350/year
For 4 employees from one company; \$80/person/year for each additional employee

___ **Student Membership** - \$50
Please attach proof of full-time student status. Actively enrolled in an OD, Behavioral Sciences, I-O Psychology program at an accredited collage or university, and maintaining at least 9 units in a Bachelor's or Master's degree program

7) **Payment Type:** *

- Mail a check (make checks payable to OD Network San Diego)
- Pay at monthly program meeting

NOTE: Dues are non-refundable and non-transferable. However, Corporate Membership dues are transferable among employees within the same company for the duration of membership period.

8) **Preferred Email Format:** *

- Text
- HTML

NOTE: when mailing your application, please print this form, complete all required fields above, & mail with full payment to:

**OD Network San Diego
3215 Costa Alta. Dr., #82
Carlsbad, CA 92009**

Email us at info@odnsd.org with any questions.

Pro-rated annual membership dues:

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Professional	\$100	\$100	\$100	\$100	\$100	\$100	\$75	\$75	\$75	\$75	\$75	\$75
Corporate	\$350	\$350	\$350	\$350	\$350	\$350	\$275	\$275	\$275	\$275	\$275	\$275
Student	\$50	\$50	\$50	\$50	\$50	\$50	\$35	\$35	\$35	\$35	\$35	\$35

*** Note: Corporate membership includes four employees from one org. who are at same address; is transferable to another employee with the org. for duration of membership period; \$80/person for additional employees**

Office Use Only

Date Payment Received: _____ Check #: _____ Amount: \$_____
