



Primary Contact Information (Information in this section will be displayed in the online Membership Directory. The directory can only be accessed by your fellow members. Also, CCA will use this information for mailings and electronic communications.)

Type of Member: [] Practitioner [] Consultant [] Educator [] Student*
Name (Mr./Ms./Mrs.) _____
Title _____ Company _____
Professional Certification _____ Address Line 1 _____
Address Line 2 _ City _____ State _____ Zip _____
Phone _____ Toll-Free Number _____
E-Mail _____ Co. Web Site _____

Alternate Contact Information (This information is optional. Alternate information will be used by CCA to contact you in the event that your primary information becomes invalid. It will not be displayed in the Membership Directory.)

Address _____
City _____ State _____ Zip _____
Phone _____ Mobile _____
Email: _____

Additional Profile Information (Please help us complete your profile with the following information.)

Education Level: [] High School Diploma, [] Associate's, [] Bachelor's, [] Graduate Work, [] Master's, [] MBA, [] J.D., [] Ph.D.
Year's of Experience: [] Less Than 1, [] 1-3, [] 4-6, [] 7-10, [] 10+
Job Level: [] Student, [] Entry Level, [] Mid Level, [] Senior Level, [] Consultant
Job Function: [] Compensation, [] Benefits, [] Compensation & Benefits, [] Human Resources Generalists, [] HRIS, [] Other _____

Area of Expertise (check all that apply)
[] Executive Compensation [] International Compensation [] Variable Compensation
[] Sales Compensation [] Welfare Benefits [] Retirement Benefits
[] Base Pay [] Management Incentives [] Stock Options
[] Executive Benefits [] Work/Life [] HRIS

Membership Dues and Payment

Membership will be billed/renewed each year prior to your anniversary date. Please visit www.chicagocompensation.org for membership details.

[] Regular Member (Practitioner, Consultant, Educator) - \$120 [] Second Year Student Member - \$45
[] Compensation Experts Forum - \$140 (must be pre-approved by CCA) [] Corporate Membership - \$700 (must be pre-approved by CCA)

*Student Member: Proof of enrollment in undergraduate or graduate program required, as well as enrollment in compensation or HR-related course. E-mail a copy of proof of enrollment and current class schedule to info@chicagocompensation.org

Please turn over and complete reverse side. Please be sure to return both pages with your payment.

If you are paying by check, please make check payable to CCA and return your application and payment to: CCA, 400 East Randolph Street, Suite 3115, Chicago, IL 60601. If you would like to pay by credit card, please do so online at www.chicagocompensation.org/membership or complete the information below.

Credit Card: AMEX MC VISA Amount: \$ _____
Card Number: _____
Exp. Date: _____ Security Code: _____
Name on Card: _____

<u>For office use only</u>	
Accepted on: _____	By: _____
Payment Received Yes	No
_____ Check	_____ Credit Card

Please call 773-220-1090 or e-mail info@chicagocompensation.org if you have any questions. Thank you.

Membership dues and/or other contributions to CCA are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

CCA prefers to communicate with its members through e-mail. Our system allows us to stay in contact and provide you with the latest news and educational offerings from the association. However, if you would like to be removed from e-mail communications, please check the box below. Please remember that you may miss out on important announcements if you select this option.

Please check here if you do not wish to receive e-mail.