



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

Name _____ Professional Certification _____
Title _____ Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____ Co. Web Site _____

Additional Profile Information for primary contact (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.
Years 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: Executive Compensation, International Compensation, Variable Compensation, Sales Compensation, Welfare Benefits, Retirement Benefits, Base Pay, Management Incentives, Stock Options, Executive Benefits, Work/Life

Contact Information for sponsor members included in your sponsorship. The same address that you filled in above, will be used for all additional members. Additional members can complete their profiles in the members only section of the CCA website.

Member #2 _____
Phone: _____ Email: _____
Member #3 _____
Phone: _____ Email: _____
Member #4 _____
Phone: _____ Email: _____

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

Sponsorship Payment Information

Sponsorship renewal will be billed each year prior to your anniversary date. Please visit www.chicagocompensation.org for sponsorship details.

If you are paying by check, please make check payable to CCA and return your application and payment to: CCA, 400 E. Randolph Street, Suite 3115, Chicago, IL 60601. If you would like to pay by credit card, please complete the information below and email to jaugustyniak@chicagocompensation.org.

Credit Card: AMEX MC VISA **Amount: \$ 2,500**

Card Number: _____

Exp. Date: _____ Security Code: _____

Name on Card: _____

<u>For office use only</u>
Accepted on: _____ By: _____ Payment
Received _____ Yes_No
Payment Type ___ Check ___ Credit Card

Please call 773-262-1090 or e-mail info@chicagocompensation.org if you have any questions. Thank you.

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.