



# OD Network Membership Application

Save a stamp! Join online at [odnetwork.org/membership](http://odnetwork.org/membership)

### Return your application 1 of 3 ways!

1. Mail to the address below, or
2. Fax to the fax below, or
3. Scan and email to [odnetwork@odnetwork.org](mailto:odnetwork@odnetwork.org)

New member  Renewing Member  Reinstating Lapsed Membership

Corporate ID \_\_\_\_\_  
(if unknown, leave blank)

Member ID \_\_\_\_\_  
(if unknown, leave blank)

## STEP 1: PROVIDE YOUR PERSONAL INFORMATION

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_

Job Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Home Address This is my preferred:  mailing address  billing address  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Work Address This is my preferred:  mailing address  billing address  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Please **exclude** my information from being listed in the OD Network Membership Directory and event rosters.

## STEP 2: SELECT YOUR MEMBERSHIP TYPE

(review member types and benefits at [odnetwork.org/membership](http://odnetwork.org/membership))

- Individual Membership \$200  Senior \$100<sup>2,4</sup>  Regional Network Members - Deduct \$25<sup>3,4</sup> (not available for Senior/Student memberships)  
 Online Membership \$175  Student \$100<sup>1,2</sup> Name of Regional Network \_\_\_\_\_

Membership total \$ \_\_\_\_\_

1 - Students should be enrolled full time in an OD program and working part-time or less, 2 - No additional discounts apply, 3 - A Regional Network is a related professional community located in a specific region and exist separately from the OD Network. By choosing a regional network, you are recognizing yourself as an active member of that organization, 4 - This information will be verified periodically and member type/rate adjusted accordingly

## STEP 3: MAKE A DONATION

Please accept my donation to support the OD Network's mission of advancing the theory and practice of OD **Donation Total \$** \_\_\_\_\_

## STEP 4: TOTAL MEMBERSHIP AND DONATION

**Grand Total (membership + donation) \$** \_\_\_\_\_

## STEP 5: PROVIDE PAYMENT INFORMATION

- Check Enclosed (made payable to *Organization Development Network, Inc.*) Check # \_\_\_\_\_  
 Purchase order # \_\_\_\_\_ (Please also include your credit card information below.)  
 Credit Card  
 Visa Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_  
 MasterCard Name as it appears on card \_\_\_\_\_  
 American Express Signature \_\_\_\_\_

## STEP 6: PROVIDE DEMOGRAPHIC INFORMATION

Please take a few minutes to complete this optional questionnaire. This information helps us better serve our valued members. Unanswered/incomplete fields will be noted as "prefer not to say".

### Gender

Female  Male

Year began practicing OD \_\_\_\_\_

Year joined a regional network \_\_\_\_\_

Date of birth \_\_\_\_\_

### Professional Identification (Please select all that apply)

#### External Consultant

Consulting Firm  Independent Consultancy

#### Internal consultant

Private Corp.  Nonprofit  Government

#### University/Educational Institution

Administration  Faculty

#### Student

Full-Time Graduate  Full-Time Undergraduate  
 Part-Time Graduate  Part-Time Undergraduate

#### Allied Profession

Coaching  
 Facilitation  
 Human Resources  
 Training & Development

Retired

Other

### Primary Racial/Ethnic Identification

American Indian/Alaska Native  
 Asian  
 African American  
 Hispanic/Latino/a  
 Native Hawaiian/Pacific Islander  
 Caucasian  
 Other (specify) \_\_\_\_\_

### Highest Education Received

Bachelors  
 Masters  
 PhD (or equivalent)  
 Other

### Other Professional Memberships

IAF  IODA  
 ICF  SHRM  
 APA  Other(s) \_\_\_\_\_  
 ASTD \_\_\_\_\_

### Current Organization Size

1  501-2,500  
 2-10  2,501-5,000  
 11-50  5,001-10,000  
 51-100  10,001 +  
 101-500

### Current Organization Revenue

> \$250K  \$10-49.9M  
 \$251-499K  \$50-99.9M  
 \$500-999K  \$100-499.9M  
 \$1M-4.9M  \$500-999.9M  
 \$5-9.9M  \$1B+

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Organization Development Network, Inc. is a registered non-profit corporation in the state of New Jersey. Tax ID 22-2171250.

Consult a tax-advisement professional to discuss deduction potential of dues payments and/or donations.