



Chicago Organization Development Institute Chapter

Name: _____

Title: _____

Organization: _____

Business Address: _____

Home Address: _____

Membership Form

Telephone: (____) _____ - _____

Fax: (____) _____ - _____

E-Mail: _____

Telephone: (____) _____ - _____

Fax: (____) _____ - _____

E-Mail: _____

Please indicate best answer.

1. Mail information to: Home Business E-mail only
2. Addresses to include in Directory: Home Business Both
Include E-mail address in Directory. Yes No
Include website: _____

3. Professional Roles – Select best fit(s)

- (a) Administrator/Executive
- (b) External Consultant/Trainer
- (c) Internal Consultant/Trainer
- (d) Member of Consulting Firm
- (e) Human Resources/OD Manager
- (f) Line Manager
- (g) Professor/Teacher
- (h) Registered Student of OD
- (i) Social Worker/Therapist
- (j) Other _____

4. Work Setting – Select best fit(s)

- (a) Manufacturing
- (b) Service Industry
- (c) Health Care
- (d) Sales/marketing
- (e) R&D/High-tech
- (f) Cross Cultural/International
- (g) Finance
- (h) Education
- (i) Government/Military
- (j) Charitable/Community organizations
- (k) Broad base/diverse

5. Work Focus – select best fit(s)

- (a) Personal Growth Development
- (b) Group Development
- (c) Systems Change
- (d) Community Development
- (e) Other _____

6. Interested in Joining

- (a) Program Committee
- (b) Membership Committee
- (c) Newsletter/Communication
- (d) Hospitality
- (e) Member Services - Job Bank
- (f) Community Services
- (g) Other _____

Signature: _____

Date: _____

Membership Dues: \$30.00 for Individual Membership
\$20.00 for Student (Full-time Undergraduate)

Membership Term: One year

Mail check payable to CODIC and completed membership form to:

CODIC c/o Benedictine University, MSMOB Office
5700 College Road, Lisle, IL 60532

Website: www.codic.us

Online Community Center: www.groups.yahoo.com/group/codic