



North Texas Compensation Association
P.O. Box 800021, Dallas, Texas, 75380-0021 Taxpayer ID Number: 75-2518757

2009 Annual Membership Application/Renewal

Membership Fees:

\$100 – Renewals if payment is received prior to March 1, 2009

\$125 – New Membership

\$125 – Renewals March 1, 2009 – December 31, 2009

\$50.00 – Special Student Membership Rate*

Dues are payable in advance.

Payments received by March 1, 2009 will ensure continuation of active membership.

Please Return This Form With Your Payment to:

North Texas Compensation Association

P. O. 800021

Dallas, Texas 75380-0021

Name _____

CCP Yes No

GRP Yes No

CBP Yes No

Other certification(s): _____

E-mail Address _____

Company _____

Title _____

Mailing Address _____

City/State/Zip Code _____

Office Phone _____ Fax Number _____

*To be eligible for the Special Student Membership Rate, the individual must be enrolled at a college or university as a full-time undergraduate (12 or more credit hours) or graduate student (9 or more credit hours), and must not be employed or working on a full-time basis in an exempt HR position.

MEMBERSHIP PROFILE

Please complete this section if your organization information has changed or if you are applying for membership for the first time.

1. The following question refers to the organization in which you work. From the list, please circle the letter of the one item that best describes your organizational unit.

- | | |
|----------------------------------|---------------------------------|
| (A) Aerospace | (M) Hospital/Healthcare |
| (B) Banking/Financial Services | (N) Hotel/Hospitality |
| (C) Chemical | (O) Manufacturing |
| (D) Communications | (P) Non-Profit |
| (E) Computer Services & Software | (Q) Printing/Publishing |
| (F) Construction | (R) Real Estate |
| (G) Consulting | (S) Retail |
| (H) Education/Academia/Research | (T) Services |
| (I) Energy-Related | (U) Telecommunications |
| (J) Engineering | (V) Transportation |
| (K) Food & Beverage | (W) Utilities |
| (L) Government/Public Sector | (X) Other, please specify:_____ |

2. Please circle your organization's revenues for the last fiscal year.

- | | |
|--------------------------------|---------------------------------|
| (A) Less than \$50 Million | (D) \$500.0 to \$999.9 Million |
| (B) \$50.0 to \$99.9 Million | (E) \$1.0 to \$1.9 Billion |
| (C) \$100.0 to \$499.9 Million | (F) \$2.0 Billion and Over |
| | (G) Other, please specify:_____ |

3. Please circle your organization's size in total number of employees (include full-time employees and full-time equivalents as well as bargaining units and all controlled subsidiaries).

- | | |
|------------------------------|--------------------|
| (A) Fewer than 100 employees | (D) 1,000 to 2,499 |
| (B) 100 to 499 | (E) 2,500 to 4,999 |
| (C) 500 to 999 | (F) 5,000 to 9,999 |
| | (G) 10,000 or more |

4. What is your area of specialization? Please check all that apply.

- | | | |
|---------------------------------|-------------------------|-------------------|
| ___ Base Pay | ___ Executive Comp. | ___ Sales Comp. |
| ___ Variable Pay | ___ Stock Option Admin. | ___ International |
| ___ Other; Please specify _____ | | |

5. Would you like to sign up for the NTCA e-mail network? [] Yes [] No

6. Would you be interested in serving on a committee? [] Yes [] No

7. Please list topics you would like to see addressed at future meetings: