



Primary Contact Information (Information accessed by your fellow members. Also,					ory can only be	
Type of Member: ☐ Practitioner ☐	Consultant	☐ Educator	☐ Student*			
Name (Mr./Ms./Mrs.)						
TitleCompany						
Professional Certification	Address Lir	ne 1				
Address Line 2 _ City			State	Zip		
Phone			Toll-Free Numbe	er		
E-Mail			Co. Web Site			
Alternate Contact Information (This information primary information becomes invalid. It v				by CCA to contact you in th	ne event that your	
Address Line 1		Addre	ess Line 2			
City			State	Zip		
Phone			Mobile			
Email:						
Additional Profile Information (Please he	lp us complete yo	our profile with t	the following informa	tion.)		
Education Level Ye High School Diploma Associate's Bachelor's Graduate Work Master's MBA J.D. Ph.D.	ear's of Experience Less Than 1-3 4-6 7-10 10+	1	evel Student Entry Level Mid Level Senior Level Consultant	Job Function Compensation Benefits Compensation Human Resourd HRIS Other	ces Generalists	
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) - \$95 ☐ Compensation Experts Forum - \$115 (must be pre-approved by CCA) ☐ Compensation Experts Forum - \$115 (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 a 102., Naperville, IL 60563. If you would like to pay by credit card, please do so online at \underline{ww} complete the information below.				
Credit Card:				
Card Number:	For office use only Accepted on: By:			
Exp. Date:	Payment Received Yes No Payment TypeCheck _Credit Card			
Name on Card:				
Please call 630-599-7105 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.				

 $\hfill \square$ Please check here if you do not wish to receive e-mail.