



DGTA Membership Application

1138 N. Germantown Pkwy
Suite 101, #356
Cordova, TN 38016 Phone: (901) 290-2270

Section A: Personal & Professional Information

1. Name (As you want it to appear in the directory and in communications): Mr. Ms. Dr.

2. Professional Certifications (those you want listed after your name in publications): _____

3. Position title: _____

4. Organization name: _____

5. Organization acronym (If commonly used in reference to your company): _____

6. Division, Department, etc. (Only if needed in your address): _____

7. Mail addresses:

Permanent or Home

Work

City: _____

City: _____

State/Province: _____

State/Province: _____

Postal Code: _____

Postal Code: _____

Country: _____

Country: _____

Primary Address Do Not Publish

Primary Address

8. Contact Information:

Permanent or Home

Work

Phone: _____

Phone: _____

Primary Number Do Not Publish

Primary Number

Cell: _____

Cell: _____

Primary Number Do Not Publish

Primary Number Do Not Publish

e-Mail: _____

e-Mail: _____

Primary Address Do Not Publish

Primary Address

9: Where or how did you learn about us? _____

10. In what languages (other than English) do you deliver training? _____

Section B: Dues

DGTA Memberships renew on June 30 each year. Members will receive an invoice reminder via email each year in May.

DGTA Annual Membership Fee: \$250 USD

1. I am paying by: Check (payable to DGTA, Inc)

Mail application and payment to:

DGTA, Inc
1138 N. Germantown Pkwy
Suite 101, #356
Cordova, TN 38016
USA

2. I am paying by: Credit Card

For **credit card** payment (Visa, MasterCard or American Express), please visit the DGTA website and click on "Membership," then "Membership Payment." A secure credit card payment option is provided via PayPal. You do not need a PayPal account to use this option.

If paying by credit card, please email this completed application to: info@dgta.org.

Office Use Only

Processed: _____ Membership Number: _____ Initials: _____