



## 2012 Membership Application

Select Membership Type:

\_\_\_\_\_ \$50.00 Annual Dues

\_\_\_\_\_ \$170.00 Annual Dues & Meeting Fees Package  
*(Note: This does not include fees for non-meeting seminars or workshops.)*

\_\_\_\_\_ Applicant Name

\_\_\_\_\_ Job Title

\_\_\_\_\_ Company Name

\_\_\_\_\_ Preferred Mailing Address

\_\_\_\_\_ Preferred eMail

\_\_\_\_\_ Preferred Phone #

Certifications: (circle or highlight all applicable)

CBP   CCP   CEBS   CLA   CPC   CPCU   CPP   GBA   JD   MD   MLHR   MSPH  
PHD   PHR   SPHR   GPHR   PMP   MBA   MCSE   MCP   CITP   CPR   FPC

\_\_\_\_\_ (other certifications not listed)

**Please mail this completed application along with your check to:**

**Columbus Compensation Association  
Vice President, Membership  
P.O. Box 164022  
Columbus, OH 43216-4022**

Although not deductible as a charitable contribution, your annual dues may be deductible as a trade or business expense. Please consult your tax adviser to determine how various tax laws apply to you. Columbus Compensation Association (CCA) is a 501(c)6 nonprofit, business league corporation, EIN: 31-1117241. A copy of this form is available on the CCA website [www.columbuscomp.org](http://www.columbuscomp.org).