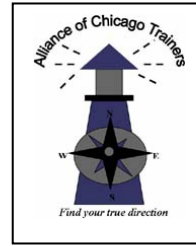


Alliance of Chicago Trainers

Membership Application



Name: _____

Address (line 1): _____

Address (line 2): _____

City: _____ State: _____ Zip Code: _____

Phone (day): _____ (night): _____

Fax: _____

Email: _____

Highest Degree Obtained (circle): Associates Bachelors Masters Doctorate

Field of Study: _____

Credentials/Certifications: _____

Please submit a list of Training Topics Offered: _____

Attach a 200-Word **Description** of each Topic and Submit a **Video Tape** of Your Work,
Along with Your One-Time Set-Up Membership Fee: \$100.00

Make Check Payable to: **Alliance of Chicago Trainers**
PO Box 2666
Country Club Hills, IL 60478

Application Approved _____ Denied _____ Administrative Use Only Date: _____ Check Number: _____