

Premier Membership Application & Change Form

Telephone +1 480-922-2020 | Fax +1 480-483-8352 | www.worldatwork.org | 14040 N. Northsight Blvd.
 Toll free 877-951-9191 | Toll free 866-816-2962 | customerrelations@worldatwork.org | Scottsdale, AZ 85260 USA



Customer Information

(All Fields Required)

New Premier Member Past Premier Member
 Membership is on an individual basis, rather than an organizational basis and is nontransferable.

Priority Code

Notice: The sale or other commercial use of e-mail addresses, mailing addresses and telephone numbers of any WorldatWork members on the WorldatWork Web site or in its directories is strictly prohibited.

CUSTOMER ID	NAME Dr. Mr. Mrs. Ms.	FIRST	MIDDLE	LAST	Jr. Sr. Ph.D. Etc.	CCP CBP GRP WLCP
TITLE		ORGANIZATION				
ADDRESS						
CITY	STATE PROV	ZIP POSTAL CODE	COUNTRY			
TELEPHONE	FAX	E-MAIL				

To keep our records current, please provide home address information:

ADDRESS						
CITY	STATE PROV	ZIP POSTAL CODE	COUNTRY			
TELEPHONE	E-MAIL					

Premier Membership Dues

Check here if you would like to learn about opportunities to serve your profession by volunteering.

Use the chart below to select your type of Premier membership and determine your payment.

PREMIER MEMBERSHIP TYPE	U.S.		CANADA		INTERNATIONAL	
	New	Renew***	New	Renew**	New	Renew**
<input type="checkbox"/> Practitioner	<input type="checkbox"/> \$350 USD	<input type="checkbox"/> \$235 USD	<input type="checkbox"/> \$400 USD	<input type="checkbox"/> \$285 USD	<input type="checkbox"/> \$400 USD	<input type="checkbox"/> \$285 USD
<input type="checkbox"/> Academic/University Professor**	<input type="checkbox"/> \$125 USD	<input type="checkbox"/> \$125 USD	<input type="checkbox"/> \$160 USD	<input type="checkbox"/> \$160 USD	<input type="checkbox"/> \$160 USD	<input type="checkbox"/> \$160 USD
<input type="checkbox"/> Student*	<input type="checkbox"/> \$55 USD	<input type="checkbox"/> \$55 USD	<input type="checkbox"/> \$105 USD	<input type="checkbox"/> \$105 USD	<input type="checkbox"/> \$105 USD	<input type="checkbox"/> \$105 USD

** Academic/university professors must provide a copy of a university ID card to verify status. Students must provide a school-issued class schedule or transcript to verify full-time status.
 *** A \$25 reinstatement fee applies to Premier memberships renewed more than 30 days from expiration. Memberships lapsed for more than 90 days may renew at the new Premier member rate.

Payment Information

Prepayment is required on all orders. All payment information must be completed in full to process.

Credit Card

Select One: Corporate Card Personal Card

Select One: Visa Mastercard American Express Discover
 (U.S. residents only)

Invoice Me

I understand my membership will not start until WorldatWork receives my payment.

Check or Money Order

Make payable to: WorldatWork. Please attach this form with payment.
 Amount enclosed \$ _____

By signing below, I authorize WorldatWork to charge my credit card: \$

CREDIT CARD NUMBER	EXPIRATION DATE
BILLING CREDIT CARD ZIP POSTAL CODE	
NAME AS IT APPEARS ON CARD (PRINT CLEARLY)	
COMPANY NAME (IF USING COMPANY CARD)	
CARDHOLDER SIGNATURE	

You may call WorldatWork to charge membership dues or fax in the form. Otherwise, mail in the form with payment for processing.

WorldatWork
 P.O. Box 29312
 Phoenix, AZ 85038-9312

Federal Tax Numbers
 United States | 31-6054097
 Canada | R123636110

Authorization

I hereby apply for/continue Premier membership in WorldatWork and agree to pay the current applicable dues. Your Premier membership includes annual subscriptions to *workspan* magazine and *WorldatWork Journal* and exclusive resources in the WorldatWork Online Community. 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. As a Premier member of WorldatWork, I understand that I am prohibited from selling or otherwise using for commercial purposes information on any WorldatWork Internet Web site or any WorldatWork member listings or directory. My membership is on an individual basis, rather than an organizational basis and is nontransferable.

Our Premier membership mailing list is available to HR-related organizations.

Check this box to remove your name from this list.

SIGNATURE _____ DATE _____

Premier Membership Profile

To best serve your needs, it is important to know about your background and current assignment. Please take a few minutes to complete the following Premier member profile.

Please choose one category that best describes the industry in which your organization operates:

- | | |
|--|--|
| <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting | <input type="checkbox"/> Real Estate & Rental & Leasing |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Consulting, Professional, Scientific & Technical Services |
| <input type="checkbox"/> Utilities, Oil & Gas | <input type="checkbox"/> Management of Companies & Enterprises |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Administrative & Support, Waste Management & Remediation Services |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Educational Services |
| <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Health Care & Social Assistance |
| <input type="checkbox"/> Computer and Electronic Manufacturing | <input type="checkbox"/> Arts, Entertainment & Recreation |
| <input type="checkbox"/> All Other Manufacturing | <input type="checkbox"/> Accommodations & Food Services |
| <input type="checkbox"/> Transportation & Warehousing | <input type="checkbox"/> Other Services (except Public Administration) |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Warehousing and Storage | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> Information (includes Publishing, Electronic and Print, IT, etc.) | |
| <input type="checkbox"/> Finance & Insurance | |

Please choose the term that best describes your current level of responsibility:

- Executive/Officer/Top Level: Along with other senior management, establishes organizational philosophy, vision and overall strategic business objectives (Example: Executive/Senior Vice-President)
- Senior Level: Maintains overall responsibility for plan design, development and negotiation; expected to execute strategies determined by the executive/top level (Examples: Senior Director/Director, Assistant Director, Senior Manager)
- Mid Level: Analyzes, implements, administers and audits tactical programs in alignment with established strategic plans (Examples: Manager, Senior Analyst, Specialist, Internal Consultant)
- Emerging Level: Assists in analyzing, coordinating, administrating and maintaining tactical programs (Examples: Analyst, Representative, Coordinator, Administrator)
- Consultant: Works for an external consulting firm or as an independent consultant
- Educator/Academician: A university professor or researcher employed by a research organization or university

Please indicate your supervisor's title: _____

Please choose the total number of employees your organization employs worldwide:

- | | |
|--|--|
| <input type="checkbox"/> Less than 100 | <input type="checkbox"/> 5,000-9,999 |
| <input type="checkbox"/> 100-499 | <input type="checkbox"/> 10,000-19,999 |
| <input type="checkbox"/> 500-999 | <input type="checkbox"/> 20,000-39,999 |
| <input type="checkbox"/> 1,000-2,499 | <input type="checkbox"/> 40,000-99,999 |
| <input type="checkbox"/> 2,500-4,999 | <input type="checkbox"/> 100,000 or more |

Which of the following best represents your area of responsibility?

(Check only ONE)

- | | |
|--|---|
| <input type="checkbox"/> All Human Resources Functions | <input type="checkbox"/> Non-HR functions
Please specify: _____ |
| <input type="checkbox"/> Compensation Only | |
| <input type="checkbox"/> Executive Compensation Only | |
| <input type="checkbox"/> Benefits Only | <input type="checkbox"/> HR Specialty (other than Compensation, Benefits or Work-Life)
Please specify: _____ |
| <input type="checkbox"/> Compensation & Benefits | |
| <input type="checkbox"/> Work-Life | |
| <input type="checkbox"/> Total Rewards
(Broad responsibility within Compensation, Benefits, Work-Life, Performance & Recognition, & Development & Career Opportunities) | |

Please choose the term that best describes your organizational unit:

- | | |
|--|---|
| <input type="checkbox"/> Headquarters | <input type="checkbox"/> Consulting Firm |
| <input type="checkbox"/> Subsidiary/Group/Division | <input type="checkbox"/> Public Sector |
| <input type="checkbox"/> Regional Headquarters | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Plant/Branch | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Independent Consultant | |

Please indicate your years of experience in each of the following:

Compensation	Benefits	Human Resources	Work-Life
<input type="checkbox"/> 1 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 12
<input type="checkbox"/> 2 <input type="checkbox"/> 13	<input type="checkbox"/> 2 <input type="checkbox"/> 13	<input type="checkbox"/> 2 <input type="checkbox"/> 13	<input type="checkbox"/> 2 <input type="checkbox"/> 13
<input type="checkbox"/> 3 <input type="checkbox"/> 14	<input type="checkbox"/> 3 <input type="checkbox"/> 14	<input type="checkbox"/> 3 <input type="checkbox"/> 14	<input type="checkbox"/> 3 <input type="checkbox"/> 14
<input type="checkbox"/> 4 <input type="checkbox"/> 15	<input type="checkbox"/> 4 <input type="checkbox"/> 15	<input type="checkbox"/> 4 <input type="checkbox"/> 15	<input type="checkbox"/> 4 <input type="checkbox"/> 15
<input type="checkbox"/> 5 <input type="checkbox"/> 16	<input type="checkbox"/> 5 <input type="checkbox"/> 16	<input type="checkbox"/> 5 <input type="checkbox"/> 16	<input type="checkbox"/> 5 <input type="checkbox"/> 16
<input type="checkbox"/> 6 <input type="checkbox"/> 17	<input type="checkbox"/> 6 <input type="checkbox"/> 17	<input type="checkbox"/> 6 <input type="checkbox"/> 17	<input type="checkbox"/> 6 <input type="checkbox"/> 17
<input type="checkbox"/> 7 <input type="checkbox"/> 18	<input type="checkbox"/> 7 <input type="checkbox"/> 18	<input type="checkbox"/> 7 <input type="checkbox"/> 18	<input type="checkbox"/> 7 <input type="checkbox"/> 18
<input type="checkbox"/> 8 <input type="checkbox"/> 19	<input type="checkbox"/> 8 <input type="checkbox"/> 19	<input type="checkbox"/> 8 <input type="checkbox"/> 19	<input type="checkbox"/> 8 <input type="checkbox"/> 19
<input type="checkbox"/> 9 <input type="checkbox"/> 20	<input type="checkbox"/> 9 <input type="checkbox"/> 20	<input type="checkbox"/> 9 <input type="checkbox"/> 20	<input type="checkbox"/> 9 <input type="checkbox"/> 20
<input type="checkbox"/> 10 <input type="checkbox"/> More	<input type="checkbox"/> 10 <input type="checkbox"/> More	<input type="checkbox"/> 10 <input type="checkbox"/> More	<input type="checkbox"/> 10 <input type="checkbox"/> More
<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11

Where do work-life programs reside in your organization?

- | | |
|---|---|
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> No formal work-life programs in a centralized function |
| <input type="checkbox"/> Corporate Communications | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Employee Relations | |
| <input type="checkbox"/> Health and Wellness | |
| <input type="checkbox"/> Diversity | |

What year were you born? _____

Please indicate any other compensation, benefits or HR organizations to which you belong. (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> IPMA-HR | <input type="checkbox"/> Boston College Work-Life Roundtable |
| <input type="checkbox"/> ASTD | <input type="checkbox"/> ITAC | <input type="checkbox"/> Corporate Leadership Council |
| <input type="checkbox"/> CIPD | <input type="checkbox"/> NASPP | <input type="checkbox"/> Local Compensation, Benefits and/or HR Assoc. (Please specify) _____ |
| <input type="checkbox"/> CUPA | <input type="checkbox"/> NASW | |
| <input type="checkbox"/> CUWFA | <input type="checkbox"/> NAEYC | |
| <input type="checkbox"/> EAPA | <input type="checkbox"/> NEWFA | |
| <input type="checkbox"/> EBRI | <input type="checkbox"/> PARC | |
| <input type="checkbox"/> European Compensation Network | <input type="checkbox"/> Recognition Professionals International | |
| <input type="checkbox"/> HCI | <input type="checkbox"/> SHRM | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> HRPS | <input type="checkbox"/> IFEBP and/or ISCEBS | |
| <input type="checkbox"/> HRPA | <input type="checkbox"/> The Conference Board | |
| <input type="checkbox"/> HR.com | <input type="checkbox"/> WEB | |
| <input type="checkbox"/> IES | | |

Please select your current total rewards responsibilities below.

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Base Pay | <input type="checkbox"/> Absence/Disability Management |
| <input type="checkbox"/> Variable/Incentive Pay | <input type="checkbox"/> Health & Welfare Plans |
| <input type="checkbox"/> Performance Management Program Design or Purchase | <input type="checkbox"/> Retirement & Savings Plans |
| <input type="checkbox"/> Sales Compensation | <input type="checkbox"/> Executive Benefits |
| <input type="checkbox"/> Executive Compensation | <input type="checkbox"/> Multinational/Global Benefits |
| <input type="checkbox"/> Equity/Stock Plans | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Multinational/Global Remuneration | <input type="checkbox"/> Recognition/Acknowledgement |
| <input type="checkbox"/> Governance | <input type="checkbox"/> Work-Life |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Development & Career Opportunities |
| | <input type="checkbox"/> None of the above |

In which countries/regions does your department have responsibility to compensation, benefits or total rewards? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> United States | <input type="checkbox"/> Caribbean/Latin America |
| <input type="checkbox"/> United Kingdom | <input type="checkbox"/> China |
| <input type="checkbox"/> Asia-Pacific | <input type="checkbox"/> Middle East |
| <input type="checkbox"/> Canada | <input type="checkbox"/> Western Europe |
| <input type="checkbox"/> Eastern Europe | <input type="checkbox"/> India |
| <input type="checkbox"/> Australia/New Zealand | <input type="checkbox"/> Africa |

Is there anything specific WorldatWork can do for you?
