



IAAP Membership Application

10502 NW Ambassador Dr. PO Box 20404 Kansas City MO 64195-0404

Phone: 816-891-6600 - Fax 816-891-9118 - E-mail membership@iaap-hq.org - Website: www.iaap-hq.org

Membership Application

Please print or key in all information:

LAST NAME _____ FIRST NAME _____ M.I. _____		SEND ALL MAIL TO: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE	
JOB TITLE _____		HOME ADDRESS _____	
COMPANY NAME _____		CITY _____ STATE/PROVINCE _____	
WORK ADDRESS/PO BOX _____		ZIP/POSTAL CODE _____ COUNTRY IF NOT U.S. _____	
CITY _____ STATE/PROVINCE _____		BIRTH DATE (m/d/yy) _____ GENDER _____	
ZIP/POSTAL _____ COUNTRY IF NOT U.S. _____		HOME PHONE _____ WORK E-MAIL _____	
() _____ () _____		SS#/SIN# _____ HOME E-MAIL _____	
BUSINESS PHONE _____ FAX _____			

ADDITIONAL INFORMATION

How did you hear about IAAP?	website <input type="checkbox"/>	IAAP member <input type="checkbox"/>	Mailing <input type="checkbox"/>
	OfficePro <input type="checkbox"/>	Seminar/Workshop <input type="checkbox"/>	Other <input type="checkbox"/>

Type of Membership

Select the member option that best serves your needs and return this from with payment.

Note: These amounts are calculated at 1.27 exchange rate.

PROFESSIONAL: A currently employed (or within the last two years) administrative professional, a holder of the CPS* rating, or an employed teacher of business education.	Processing Fee \$19.05 CDN	Annual IAAP Dues \$67.31 CDN	Chapter Dues \$25.00 CDN	Division Dues \$15.00 CDN	TOTAL \$126.36 CDN
STUDENT: A full-time student in business education; maximum 4-years in Student classification.	N/A CDN	\$27.94 CDN	\$ _____ CDN	Nil	\$ _____ CDN
ASSOCIATE: An individual, firm, or educational institution that sustains the objectives of IAAP. For business or institution, provide name and address of contact person.	\$19.05 CDN	\$177.80 CDN	_____		\$198.65 CDN

NAME OF IAAP CHAPTER <u>Peel-Halton</u>	CHAPTER NO. <u>602210</u>	DIVISION NO. <u>602000</u>
IAAP STUDENT CHAPTER NAME _____	ADVISOR _____	
RECRUITED BY _____	ID NO. _____	

Method of Payment

Payment required prior to processing

Canadian members pay dues in Canadian funds. The current exchange rate approved by IAAP International Headquarters is US\$1=C\$1.27. In order to receive this special exchange rate, payment by cheque is required. If payment is made by credit card, the prevailing exchange rate at the individual member's banking institution will apply.

Please return your completed application form and cheque either to the Chapter of your choice, as outlined in the Ontario Division Directory listing included with this package, or to

Kim Giles, Credit Union Central of Ontario
2810 Matheson Blvd. E., Mississauga, ON L4W 4X7
Fax: 905-238-6051 Email: kgiles@cuco.on.ca

Credit Card #: _____	AMEX <input type="checkbox"/>	Master Card <input type="checkbox"/>	VISA <input type="checkbox"/>
Amount: _____	Expiry Date: _____		

Make cheques payable to "IAAP"

HEADQUARTERS USE ONLY	
ID	_____
Mbr Type	_____
Status	_____
Join Date	_____
Exp Date	_____
Chapter No.	_____
Division No.	_____
Total Amount Paid \$	_____
Processing \$	_____
IAAP Dues\$	_____
Chapter \$	_____
Division \$	_____
Prepay Acct. #	_____
Prepay Amount \$	_____
Source Code	_____
Check No.	_____

Signature of Card holder: _____	Print name of Card Holder _____
---------------------------------	---------------------------------