

IAAP Razorback Chapter
Membership Enrollment Payment Plan

	Current Member	Reinstated Member	New Member	Date
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I wish to enroll in the IAAP Razorback Chapter Membership Enrollment Payment Plan.

I have indicated below my payment plan:

Plan 1 <input type="checkbox"/>	1 st Payment	2 nd Payment	3 rd Payment	Total
Renewal	_____	_____	_____	_____
Plan 2 <input type="checkbox"/>	1 st Payment	2 nd Payment	3 rd Payment	Total
Reinstated*	_____	_____	_____	_____
Plan 3 <input type="checkbox"/>	1 st Payment	2 nd Payment	3 rd Payment	Total
New**	_____	_____	_____	_____

My first payment was made on _____. My final payment will be made before _____. I understand that if complete payment is not made prior to the deadline date of _____ monies applied to the payment plan thus far will be returned less a \$15 handling fee.

Applicant Signature	Date
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* Payment includes the \$15 reinstatement fee charged by IAAP Headquarters

** Payment includes the \$15 processing fee charged by IAAP Headquarters