



Membership

APPLICATION

Please check one: New Reinstatement

Send all mail to: Home Office
 Send all e-mail to: Home Office

 Last Name First Name M.I.

 Home Address

 Job Title

 City State Zip

 Company Name

 Country if not U.S.

 Work Address/PO Box

 Home E-mail

 City State Zip

 Gender Birth Date (mm/dd/yy)

(_____) _____
 Business Phone Country if not U.S.

Check here if you do **not** wish to receive nonassociation mail.

(_____) _____ (_____) _____
 Home Phone Fax

I would like an IAAP member pin: Yes No

(new members only)

How did you hear about IAAP?

Website Mailing Seminar/Workshop
 OfficePro IAAP Member Other: _____

 Business E-mail

Type Of Membership

Select the membership option that best serves your needs

| Select One | Type | Processing Fee | Annual IAAP Dues | Optional Air Mail for OfficePro \$27* | Chapter Dues | Division Dues | Total |
|--------------------------|--------------|----------------|------------------|---------------------------------------|--------------|---------------|-----------|
| <input type="checkbox"/> | Professional | \$15 | + \$83 | + \$_____ | + \$_____ | + \$_____ | = \$_____ |
| <input type="checkbox"/> | Student | \$15 | + \$50 | + \$_____ | + \$_____ | + \$_____ | = \$_____ |
| <input type="checkbox"/> | Associate | \$15 | + \$180 | + \$_____ | NA | NA | = \$_____ |

*** Optional airmail is for members outside the United States, U.S. territories, Puerto Rico, Virgin Islands of the U.S. and Canada**

Dues for members of the association include \$25 for a subscription to OfficePro which may not be deducted from total dues.

 Name of IAAP Chapter Chapter No. Division No. Recruited By

 IAAP Student Chapter Name & Number Advisor Recruiter ID No.

Method Of Payment

Payment required prior to processing

Check Attached (payable in U.S. Funds) or Credit Card (complete below)

Visa MasterCard Discover American Express

 Credit Card No. Expiration Date

 Signature of Cardholder (must be signed) \$ Amount

 Print Name of Cardholder

Headquarters Use Only

ID _____

Mbr Type _____ Status _____

Join Date _____ Exp Date _____

Chapter No. _____

Division No. _____

Total Paid \$ _____

Processing \$ _____ IAAP Dues \$ _____

Chapter \$ _____ Division \$ _____

Prepay Acct. # _____ Prepay Amount \$ _____

Source Code _____ Check No. _____



Changing The Workplace, One Admin

At A Time

Enhancing the success of career-minded administrative professionals by providing opportunities for growth through education, community building and leadership development.

-IAAP Mission Statement

Membership in IAAP gives you the support you need to advance your career. We offer three types of membership.

Professional: You're currently employed (or were within the last two years) as an administrative professional or a holder of the CPS and/or CAP rating or an employed teacher of business education.

Student: A student enrolled in business education (four years max as a student member)

Associate: An individual, firm or educational institution that sustains the objectives of IAAP. The business or institution provides one contact person per associate membership.

To find out more about joining a chapter and division, visit us at www.iaap-hq.org/aboutus and click "Chapter Locator" on the right. Or e-mail membership@iaap-hq.org.

When you join you'll receive:

- *OfficePro* Magazine
- Access to IAAP's Web Community
- Discounts on Training, Education and Conferences
- Leadership Development
- Online Resources
- Networking
- Professional Certification Opportunities
- Electronic newsletters

You'll also receive personal support with other administrative professionals who can celebrate with you in the victories at work and give you advice during the difficult times. Join IAAP and impact your workplace and your career.

Fill out this membership application or join online at www.iaap-hq.org/join.