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.

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

Job Title

Home Address

Company Name

City | State | Zip

Work Address/PO Box

Country if not U.S.

City | State | Zip

Home E-mail

(_____) _____ Business Phone

Country if not U.S.

Gender

Birth Date (mm/dd/yy)

(_____) _____ Home Phone

(_____) _____ Fax

I would like an IAAP member pin: ☐ Yes ☐ No

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	Int'l Member*	Optional Air Mail for OfficePro $27*	Chapter Dues	Division Dues	Total
☐	Professional	$15	+ $83	+ $20	+ $_____	+ $ 17.00	+ $ 15.00	= $_____
☐	Student	$15	+ $50	+ $20	+ $_____	+ $ 8.50	+ $ 7.00	= $_____
☐	Associate	$15	+ $180	+ $20	+ $_____	N/A	N/A	= $_____

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

Tri-County Chapter | 102315 | 102000 | _____
Name of IAAP Chapter | Chapter No. | Division No. | Recruited By

IAAP Student Chapter Name & No. | Advisor | Recruiter ID No.

Method Of Payment

Payment required prior to processing

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

Payable to: Tri-County Chapter-IAAP

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card No. | Expiration Date

Signature of Cardholder (must be signed) | $ Amount

Print Name of Cardholder

* For outside the United States, its territories, Puerto Rico, Virgin Islands of the U.S. and Canada

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. _____

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