



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. For business or institution provide the name and address of contact person.

To find out more about joining a chapter and division, visit the website at www.iaap-hq.org/aboutus and click "Chapter Locator" on the left. 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.



Membership

APPLICATION

Please check one: New Reinstatement

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

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

Last Name _____ First Name _____ M.I. _____

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
<input type="checkbox"/>	Professional	\$15	+\$83	+\$20	+\$ _____	+\$ 18	+\$ 15	= \$ 131
<input type="checkbox"/>	Student	\$15	+\$50	+\$20	+\$ _____	+\$ nil	+\$ nil	= \$ 65
<input type="checkbox"/>	Associate	\$15	+\$180	+\$20	+\$ _____	N/A	N/A	= \$ 195

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

Grand River Chapter 602145 602000

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

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

Method Of Payment

Payable to "IAAP Head Quarters"
Mark US FUNDS on Cheque

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. _____

Please forward to:
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 IAAP Membership
 Grand River Chapter
 c/o MTE Consultants
 520 Bingham Centre
 Kitchener, Ont
 N2B 3X9
 519-743-6500
zgentles@mte85.com

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