



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	+\$ _____	+\$ 10	+\$ 11	= \$ 119.00
<input type="checkbox"/>	Student	\$15	+\$50	+\$20	+\$ _____	+\$ 3	+\$ 1	= \$ 69.00
<input type="checkbox"/>	Associate	\$15	+\$180	+\$20	+\$ _____	N/A	N/A	= \$ 195.00

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

A. N. Palmer _____ 323120 _____ 323000 _____
 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)

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. _____

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