



IAAP Membership Application

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

Mail to: IAAP • 10502 NW Ambassador Dr • PO Box 20404 • Kansas City MO 64195-0404
 Phone: 816.891.6600 • Fax 816.891.9118 • E-mail membership@iaap-hq.org • Web Site: www.iaap-hq.org

Membership Application

Please Print or Key All Information

LAST NAME _____ FIRST NAME _____ M.I. _____

JOB TITLE _____

COMPANY NAME _____

WORK ADDRESS/PO BOX _____

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ COUNTRY IF NOT U.S. _____

() _____ () _____

BUSINESS PHONE _____ FAX _____

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

SEND ALL MAIL TO: HOME OFFICE

HOME ADDRESS _____

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ COUNTRY IF NOT U.S. _____

/ /

BIRTH DATE (m/d/yy) _____ GENDER _____

() _____

HOME PHONE _____ WORK E-MAIL _____

SS#/SIN# (OPTIONAL) _____ HOME E-MAIL _____

ADDITIONAL INFORMATION

How did you hear about IAAP? Web Site Mailing IAAP Member Seminar/Workshop
 OfficePRO® Other _____

Type of Membership

Select the membership option that best serves your needs and return this form with payment.

	Processing Fee		Annual IAAP Dues		Chapter Dues		Division Dues		TOTAL
<input type="checkbox"/> PROFESSIONAL – A currently employed (or within the last two years) administrative professional, a holder of the CPS® and/or CAP® rating, or an employed teacher of business education.	\$15	+	\$53	+	\$ _____	+	\$ _____	=	\$ _____
<input type="checkbox"/> STUDENT – A full-time student in business education: maximum 4-years in Student classification.	N/A		\$22	+	\$ _____	+	\$ _____	=	\$ _____
<input type="checkbox"/> ASSOCIATE – An individual, firm, or educational institution that sustains the objectives of IAAP. For business or institution, provide name and address of contact person.	\$15	+	\$140					=	\$155.00

NAME OF IAAP CHAPTER _____ CHAPTER NO. _____ DIVISION NO. _____

IAAP STUDENT CHAPTER NAME _____ ADVISOR _____

RECRUITED BY _____ ID NO. _____

Method of Payment

Payment required prior to processing

CHECK ATTACHED (payable in U.S. funds) or

CREDIT CARD (complete below)

Dues for members of the association include \$15 for a subscription to OfficePRO which may not be deducted from total dues.



CREDIT CARD

SECURITY CODE

SIGNATURE OF CARDHOLDER (must be signed)

\$ AMOUNT

PRINT NAME OF CARDHOLDER

EXPIRATION DATE

HEADQUARTERS USE ONLY

ID _____

Mbr Type _____ Status _____

Join Date _____ Exp Date _____

Chapter No. _____

Division No. _____

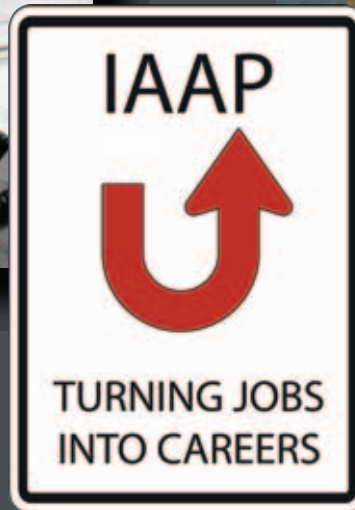
Total Amount Paid \$ _____

Processing \$ _____ IAAP Dues \$ _____

Chapter \$ _____ Division \$ _____

Prepay Acct. # _____ Prepay Amount \$ _____

Source Code _____ Check No. _____



Without IAAP membership, getting ahead is harder than it needs to be.

With IAAP membership, you have access to hundreds of career-enhancing resources that can help you get ahead. Resources like:

- *OfficePRO*® Magazine
- Global Networking
- Targeted Training & Education
- Professional Certification
- Career Growth Assistance
- Leadership Development
- IAAP Web Site & Resources
- Research & Trends

So you'll be better at what you do now. And better prepared for where you want to go in the future. For more information visit the IAAP Web site at www.iaap-hq.org.

Return Membership Application to local chapter or mail to address on the other side.