



# IAAP Membership Application

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

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	+	\$58	+	\$ _____	+	\$ <sup>20</sup> _____	=	\$ _____
<input type="checkbox"/> STUDENT - A full-time student in business education: maximum 4-years in Student classification.	N/A		\$24	+	\$ _____	+	\$ _____	=	\$ _____
<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	+	\$155		_____			=	\$170.00

NAME OF IAAP CHAPTER \_\_\_\_\_ CHAPTER NO. \_\_\_\_\_ DIVISION NO. 553000

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)



\_\_\_\_\_  
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. _____