



International Association of  
Administrative Professionals®

# 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 • Website: 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

HOME E-MAIL

### ADDITIONAL INFORMATION

How did you hear about IAAP?

Website

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.

PROFESSIONAL – A currently employed (or within the last two years) administrative professional, or a holder of the CPS® and/or CAP® rating, or an employed teacher of business education.

Processing Fee	Annual IAAP Dues	Chapter Dues	Division Dues	TOTAL
\$15	+	\$58	+	\$10 + \$12 = \$95

STUDENT – A student enrolled in business education: maximum 4-years in Student classification.

N/A	+	\$26	+	\$5 + \$3 = \$34
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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
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NAME OF IAAP CHAPTER Minisa Chapter CHAPTER NO. 554180 DIVISION NO. 554000

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

SIGNATURE OF CARDHOLDER (must be signed)

PRINT NAME OF CARDHOLDER

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



\_\_\_\_\_

SECURITY CODE

\$ AMOUNT

\_\_\_\_\_

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. \_\_\_\_\_