



IAAP MEMBERSHIP APPLICATION **AND** 2009 SEMINAR REGISTRATION

Please Print or Key All Information

SEND ALL MAIL TO: HOME OFFICE

LAST NAME FIRST NAME M. I.

HOME ADDRESS

JOB TITLE

CITY ST ZIP

COMPANY NAME

BIRTH DATE (m/d/yy) GENDER

WORK ADDRESS

()
HOME PHONE HOME E-MAIL

CITY ST ZIP

SS# (optional) WORK E-MAIL

() ()
BUSINESS PHONE FAX

CPS _____ CAP _____

TYPE OF IAAP MEMBERSHIP

Select the membership option that best serves your needs and return this form with your **payment to:**
Ruth Smith CPS/CAP, 7903 E. Gilbert St., Wichita KS 67207.

	Registr. discount	Processing Fee	Annual Dues	Chapter Dues	Division Dues	SEMINAR TOTAL
<input type="checkbox"/> PROFESSIONAL – A currently employed administrative professional, a holder of the CPS® or CAP® rating, an employed teacher of business education, or similarly employed within the last 2 years.	\$74	\$15	+ \$58	+ \$10	+ \$12	= \$169
<input type="checkbox"/> STUDENT – A full-time student in business education: maximum 4 years in Student classification.	\$59	N/A	+ \$26	+ \$5	+ \$3	= \$93
<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.	\$74	\$15	+ \$155	+ N/A	+ N/A	= \$244

METHOD OF PAYMENT: MEMBERSHIP DUES PLUS SEMINAR REGISTRATION

For registration only, please complete the form on the brochure.

Check Attached (make payable to **Minisa Chapter, IAAP**)

PAYMENT MUST ACCOMPANY REGISTRATION

- Seminar fee includes buffet lunch. To ensure a lunch reservation, please register by March 27, 2009

YES, I want to join Minisa Chapter and attend the seminar! (I'll save \$25)

\$169 Membership dues + Registration \$ _____
(I have completed my membership application form)

Amount Enclosed: Total \$ _____

PLEASE MAKE CHECK PAYABLE TO **MINISA CHAPTER, IAAP** AND SEND WITH THIS APPLICATION/REGISTRATION FORM TO: **Ruth Smith CPS/CAP, 7903 E. Gilbert St., Wichita KS 67207.**