



IAAP MEMBERSHIP APPLICATION AND 2011 SEMINAR REGISTRATION

Please Print or Key All Information

SEND ALL MAIL TO: HOME OFFICE

LAST NAME _____ FIRST NAME _____ M. I. _____

JOB TITLE _____

COMPANY NAME _____

WORK ADDRESS _____

CITY _____ ST _____ ZIP _____

() _____ () _____

BUSINESS PHONE _____ FAX _____

HOME ADDRESS _____

CITY _____ ST _____ ZIP _____

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

() _____

HOME PHONE _____ HOME E-MAIL _____

WORK E-MAIL _____

CPS _____ CAP _____

TYPE OF IAAP MEMBERSHIP

Select the membership option that best serves your needs and return this form with your **payment to:**
Bobbie Frye, CPS/CAP, 5202 W. Douglas St., Wichita KS 67212.

	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.	\$53	\$15	+	\$83	+	\$10 + \$12 = \$173
<input type="checkbox"/> STUDENT – A full-time student in business education: maximum 4 years in Student classification.	\$27	N/A	+	\$50	+	\$5 + \$3 = \$85
<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.	\$53	\$15	+	\$180	+	N/A + N/A = \$248

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 April 15, 2011.**

YES, I want to join Minisa Chapter and attend the seminar! (13% discount)

Discounted 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: **Bobbie Frye, CPS/CAP, 5202 W. Douglas St., Wichita KS 67212**