IAAP Membership Application

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

International Association of Administrative Professionals®

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.

	Processing Fee		Annual IAAP Dues		Chapter Dues		Division Dues		TOTAL
❑ 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.	$15	+	$58	+	$ 10	+	$ 9	=	$ 92
❑ STUDENT – A student enrolled in business education: maximum 4-years in Student classification.	N/A		$24	+	$	+	$	=	$
❑ 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		[redacted]			=	$170

NAME OF IAAP CHAPTER Rim Rock CHAPTER NO. 325110 DIVISION NO. 321000

IAAP STUDENT CHAPTER NAME ADVISOR

RECRUITED BY Tam Rodier ID NO. 9883883

Method of Payment

Payment required prior to processing

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

❑ **CREDIT CARD** *(complete below)*

❑ VISA ❑ MasterCard ❑ DISCOVER ❑ American Express

CREDIT CARD | SECURITY CODE

SIGNATURE OF CARDHOLDER *(must be signed)* | $ AMOUNT

PRINT NAME OF CARDHOLDER | EXPIRATION DATE

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

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.

Copyright © 2006; 8-06/MP/75M/070-5170-02