



North Coast Chapter IAAP Membership Application

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

North Coast Chapter IAAP, Attn: Membership • PO Box 182 • Mentor, OH 44061-0182

• E-mail: justusja1@adelphia.net or rose.baker@h-jcpa.com • Web Site: www.orgsites.com/oh/iaapnorthcoast

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 non-association 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	+ \$10.00	+ \$waived	= \$83.00
<input type="checkbox"/> STUDENT - A full-time student in business education: maximum 4-years in Student classification.	N/A		\$24	+ \$2.00	+ \$waived	= \$26.00
<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 North Coast CHAPTER NO. 105352 DIVISION NO. OHIO 105000

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 _____

* Ohio Division Dues waived until June 30, 2009. Rates Subject to Change.

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. _____