Membership Reinstatement Application

Member-at-Large may submit to Headquarters. Member of Chapter/Division or Division only should submit to appropriate unit treasurer and include appropriate unit dues as established by the unit.

10502 NW Ambassador
PO Box 20404
Kansas City MO 64195-0404
Tel 816.891.6600
Fax 816.891.9118
E-mail membership@iaap-hq.org
Website: www.iaap-hq.org

A member **who has forfeited membership for any reason and wishes to reinstate within the next two years** may do so by paying the appropriate amount listed below (in U.S. funds), which **includes** the current year's dues and processing fee, and shall retain membership tenure.

		❄
Professional	$ 73	$ 93
Student	39	59
Professional-Merited	41	61
Associate	170	190

A member **who has forfeited membership for any reason and has permitted more than two years to lapse** shall reapply as a new member by paying the appropriate amount listed below (in U.S. funds), which **includes** the current year's dues and processing fee, and tenure of past membership shall be forfeited.

		❄
Professional	$ 73	$ 93
Student	24	44
Associate	170	190

❄Any member who resides outside the United States, its territories, Puerto Rico, the Virgin Islands of the United States, or Canada.

Membership Classification (check one) ☐ Professional ☐ Student ☐ Professional-Merited ☐ Associate

Total Dues Association $ _____ (See above) Chapter $ _____ Division $ _____ = $ _____ Total

Name of Chapter _____ Chapter No. _____ Division _____

Credit Card No. _____ Amount $ _____

Check One ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Print Name of Cardholder _____

Signature of Cardholder _____ Expiration _____
All credit card charges must be signed — Month/Year

To comply with USPS Section E212.1.2, DMM: dues for members of the association include $25 subscription to *OfficePro*® magazine which may not be deducted from gross dues.

Name First _____ MI _____ Last _____

Title _____

Employer _____

Work Address _____

City _____ ST/PR _____ ZIP/PC _____

Home Address _____

City _____ ST/PR _____ ZIP/PC _____

Phone Work _____ Home _____

Fax _____ E-Mail Home _____ Work _____

Check address preference for association mail ☐ Home ☐ Work

☐ Check here if you do **not** wish to receive nonassociation mail

Signature of Applicant _____ Date _____

Headquarters Use Only

ID _____
Member Type _____
Status _____
Join Date _____
Exp Date _____
Chapter No. _____
Division No. _____
*Total Amount Paid $ _____
Rein Fee $ _____
IAAP Dues $ _____
Chapter $ _____
Division $ _____
Prepay Account # _____
Prepay Amount $ _____
Source Code _____
Check No. _____