



International Association of
Administrative Professionals®

IAAP Membership Application

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

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. _____
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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 _____
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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
<input type="checkbox"/> 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	+	\$22	+	\$15	=	\$110
<input type="checkbox"/> STUDENT – A student enrolled in business education: maximum 4-years in Student classification.	N/A		\$24	+	\$	+	\$	=	\$
<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

NAME OF IAAP CHAPTER Woodlands Area Chapter CHAPTER NO. 559293 DIVISION NO. 559000

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

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

SECURITY CODE

SIGNATURE OF CARDHOLDER (must be signed)

\$ AMOUNT

PRINT NAME OF CARDHOLDER

EXPIRATION DATE

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. _____