



iaap
Leading
Administrative Professionals

Membership APPLICATION

First Name _____ Middle Initial _____ Last Name _____

(_____) _____
Office Phone

Job Title _____

(_____) _____
Home Phone

Email Address _____

(_____) _____
Mobile Phone

Email Opt-Out

We want to stay in touch with you regarding IAAP information, benefits, and educational offerings. However, if you do **NOT** wish to receive emails from IAAP regarding membership, member promotions, conferences, education and events, check this box.

Preferred daytime phone: Office Home Cell

Preferred mail to: Office Home

Gender (optional) _____ Age range (optional)
 Under 25 26-35 36-40
 41-50 51-60 61 & Up

Home Address/PO Box _____

Company Name _____

Home City _____ State/Prov _____ ZIP/PC _____ Country _____

Office Address/PO Box _____

Check here if you do **NOT** wish to receive IAAP Partners mail.

Office City _____ State/Prov _____ ZIP/PC _____ Country _____

Type Of Membership Select the membership option that best serves your needs

Select One	Type	Annual IAAP Dues	Optional Air Mail for OfficePro \$31*	Total
<input type="checkbox"/>	Professional	\$150	+ \$ _____	= \$ _____
<input type="checkbox"/>	Student**	\$25	+ \$ _____	= \$ _____

How did you hear about IAAP?

- Social media
- Colleague
- Google/Internet Search
- OfficePro
- Sponsor/Vendor
- I attended an IAAP event
- Employer/Manager
- IAAP homepage

Dues for members of the association include \$35 for a subscription to *OfficePro* which may not be deducted from total dues.

Membership dues are nonrefundable.

*Optional airmail is for members outside the United States and Canada.

**Students must include verification from their educational institution of being in a degree-granting program, with an anticipated graduation date.

Name of Recruiter _____

Recruiter ID No. _____

Method Of Payment

IAAP annual membership dues for professional members can be paid in three types of installment options.

Professional: Annually (\$150); semi-annually (\$78.50 payable twice per year for a total of \$157); quarterly (\$41.25 payable four times per year for a total of \$165).

First installments of the payment plan options are due on join or renewal date. Non-payment of an installment payment will result in membership lapse and removal of membership benefits. IAAP membership fees are non-refundable and renewed annually.

Would you like to make a donation to The Foundation of IAAP? \$5 \$10 \$25 Other _____

Total Enclosed in U.S. dollars (total from membership type plus optional donation) _____

Check or Money Order Number _____

Credit Card: Visa MasterCard Discover American Express

Card Number _____ Expiration Date _____ SEC Code _____

Name as it appears on card _____

Billing Address _____

City _____ State/Prov _____ ZIP/PC _____

Authorized Signature (required for processing) _____

By completing this application, I agree to accept and abide by the IAAP Code of Conduct.

MAIL TO: IAAP | 10502 N Ambassador Drive, Suite #100 | Kansas City, MO 64153-1291
816.891.6600 | Email membership@iaap-hq.org | Website www.iaap-hq.org