



International Association of
Administrative Professionals®

IAAP Membership Application

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

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 • Web Site: 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

SS#/SIN# (OPTIONAL) HOME E-MAIL

ADDITIONAL INFORMATION

How did you hear about IAAP? Web Site Mailing IAAP Member Seminar/Workshop
 Check One 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 SM rating, or an employed teacher of business education.	\$15	+	\$53	+	\$ _____	+	\$ _____	=	\$ _____
<input type="checkbox"/> STUDENT – A full-time student in business education: maximum 4-years in Student classification.	N/A		\$22	+	\$ _____	+	\$ _____	=	\$ _____
<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	+	\$140					=	\$155.00

NAME OF IAAP CHAPTER _____ CHAPTER NO. _____ DIVISION NO. _____

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

SIGNATURE OF CARDHOLDER (must be signed)

PRINT NAME OF CARDHOLDER

\$ AMOUNT

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. _____

What You'll Gain by Being a Member..

■ Get Connected

IAAP offers exceptional networking and professional development activities through its 600+ chapters and affiliate associations worldwide. You'll connect with your peers from virtually every type of business and service.

■ Keep Up With the Latest Trends

IAAP's award-winning *OfficePRO* magazine, published eight times a year, contains cutting-edge information on trends, new technology, and career development. *Bits & Bytes* newsletter offers information on current events in the association.

■ Obtain Professional Certification

IAAP's certification program is the most widely recognized for office professionals like yourself. Members receive special discounts on certification study materials and resources.

■ Enhance Your Skills

IAAP offers member discounts on more than 250 self-study materials. Use these resources to further your personal and professional development and qualify for the CEU (Continuing Education Unit) and recertification points.



IAAP's mission is to be the acknowledged, recognized leader of administrative professionals and to enhance their individual and collective value, image, competence, and influence.

Please return to the local chapter:



Or to:

IAAP
Membership Department
PO Box 20404
Kansas City MO 64195-0404



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Dues for members of the association include \$15 for a subscription to *OfficePRO* which may not be deducted from total dues.

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Web Site www.iaap-hq.org