



# Changing The Workplace, One Admin At A Time

Enhancing the success of career-minded administrative professionals by providing opportunities for growth through education, community building and leadership development.

-IAAP Mission Statement

**Membership** in IAAP gives you the support you need to advance your career. We offer three types of membership.

**Professional:** You're currently employed (or were within the last two years) as an administrative professional or a holder of the CPS and/or CAP rating or an employed teacher of business education.

**Student:** A student enrolled in business education (four years max as a student member)

**Associate:** An individual, firm or educational institution that sustains the objectives of IAAP. For business or institution provide the name and address of contact person.

To find out more about joining a chapter and division, visit the website at [www.iaap-hq.org/aboutus](http://www.iaap-hq.org/aboutus) and click "Chapter Locator" on the left. Or e-mail [membership@iaap-hq.org](mailto:membership@iaap-hq.org).

When you join you'll receive:

- *OfficePro* Magazine
- Access to IAAP's Web Community
- Discounts on Training, Education and Conferences
- Leadership Development
- Online Resources
- Networking
- Professional Certification Opportunities
- Electronic newsletters

You'll also receive personal support with other administrative professionals who can celebrate with you in the victories at work and give you advice during the difficult times. Join IAAP and impact your workplace and your career.

Fill out this membership application or join online at [www.iaap-hq.org/join](http://www.iaap-hq.org/join).



# Membership

## APPLICATION

Please check one:  New  Reinstatement

Send all mail to:  Home  Office  
Send all e-mail to:  Home  Office

\_\_\_\_\_  
Last Name First Name M.I.

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

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Work Address/PO Box

\_\_\_\_\_  
Country if not U.S.

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home E-mail

(\_\_\_\_\_) \_\_\_\_\_  
Business Phone Country if not U.S.

\_\_\_\_\_  
Gender Birth Date (mm/dd/yy)

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone Fax

I would like an IAAP member pin:  Yes  No

How did you hear about IAAP?

Website  Mailing  Seminar/Workshop  
 OfficePro  IAAP Member  Other: \_\_\_\_\_

\_\_\_\_\_  
Business E-mail

## Type Of Membership

Select the membership option that best serves your needs

Select One	Type	Processing Fee	Annual IAAP Dues	Int'l Member*	Optional Air Mail for OfficePro \$27*	Chapter Dues	Division Dues	Total
<input type="checkbox"/>	Professional	\$15	+ \$83	+ \$20	+ \$_____	+ \$_____	+ \$_____	= \$_____
<input type="checkbox"/>	Student	\$15	+ \$50	+ \$20	+ \$_____	+ \$_____	+ \$_____	= \$_____
<input type="checkbox"/>	Associate	\$15	+ \$180	+ \$20	+ \$_____	N/A	N/A	= \$_____

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

\_\_\_\_\_  
Name of IAAP Chapter Chapter No. Division No. Recruited By

\_\_\_\_\_  
IAAP Student Chapter Name & No. Advisor Recruiter ID No.

## Method Of Payment

Payment required prior to processing

Check Attached (payable in U.S. Funds) or  Credit Card (complete below)

Visa  MasterCard  Discover  American Express

\_\_\_\_\_  
Credit Card No. Expiration Date

\_\_\_\_\_  
Signature of Cardholder (must be signed) \$ Amount

\_\_\_\_\_  
Print Name of Cardholder

### Headquarters Use Only

ID \_\_\_\_\_

Mbr Type \_\_\_\_\_ Status \_\_\_\_\_

Join Date \_\_\_\_\_ Exp Date \_\_\_\_\_

Chapter No. \_\_\_\_\_

Division No. \_\_\_\_\_

Total Paid \$ \_\_\_\_\_

Processing \$ \_\_\_\_\_ IAAP Dues \$ \_\_\_\_\_

Chapter \$ \_\_\_\_\_ Division \$ \_\_\_\_\_

Prepay Acct. # \_\_\_\_\_ Prepay Amount \$ \_\_\_\_\_

Source Code \_\_\_\_\_ Check No. \_\_\_\_\_

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