



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 Mail to: IAAP, 10502 NW Ambassador Drive,

Please check one:  New  Reinstatement

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

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

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

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

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

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

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

\_\_\_\_\_  
Business E-Mail

Send all mail to:  Home  Office

Send all e-mail to:  Home  Office

Check here if you do **not** wish to receive non-association mail.

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

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

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

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

I would like an IAAP member pin: yes  no

How did you hear about IAAP?

Website  Mailing  Seminar/Workshop

OfficePro  IAAP Member  Other:

## Type of Membership: Select the membership option that best serves your needs

Select One	Type	Processing Fee	Annual IAAP Dues	Chapter Dues	Division Dues	Total
<input type="checkbox"/>	Professional	\$15 (one time)	+ \$83	+ \$15	+ \$8	
<input type="checkbox"/>	Student	\$15 (one time)	+ \$50	+ \$15	Waived	
<input type="checkbox"/>	Associate	\$15 (one time)	+ \$180	+ \$15	+ \$8	

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

\_\_\_\_\_  
Name of IAAP Chapter                      Chapter #                      Division #                      Recruited by:                      Recruiter ID #

### Method of Payment: Payment required prior to processing

Check attached (payable in US Funds) or  Credit Card (complete below)

Visa     MasterCard     Discover     American Express

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

\_\_\_\_\_  
Signature or Cardholder (must be signed)                      Printed Name of Cardholder

### Headquarter Use Only

ID \_\_\_\_\_  
Mbr Type \_\_\_\_\_ Status \_\_\_\_\_  
Join Date \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Chapter No. \_\_\_\_\_  
Division No. \_\_\_\_\_  
Total Paid \$ \_\_\_\_\_  
Processing \$ \_\_\_\_\_ IAAP Dues \$ \_\_\_\_\_  
Chapter \$ \_\_\_\_\_ Division \$ \_\_\_\_\_  
Prepay Acct # \_\_\_\_\_ Prepay Amt \$ \_\_\_\_\_  
Source Code \_\_\_\_\_ Check No. \_\_\_\_\_