

## MEMBERSHIP APPLICATION

IAWP is YOUR Professional Association. We hope you will share your skills and interests to assist us in providing quality member programs. Help your chapter grow by using your talents to get involved in a committee or activity – you'll love it!

Full Name:		
Home Address:		
City:	State	Zip Code
Employer/Agency		
Address		
City	State	Zip Code
Job Title:		
E-mail address		
Office Phone:	Office fax:	
Optional information:		
Home phone:	Home email:	
Referred by		
New Member Renewal		
Regular Membership	\$50.00 int'l dues +	<u>chapter dues</u> =
Retiree Membership	\$25.00 int'l dues +	
Introductory Membership	\$25.00 int'l dues +	<u>chapter dues</u> =
Make your check or money or	der payable to:	
Mail application with payment	t to:	

(PLEASE SEE REVERSE SIDE)

Please take a few moments to check the helping with:	e areas you would be interested in	
SERVE ON A COMMITTEE		
Education	Membership Veterans	
Specialized Customers	CommunicationsAwards	
Legislative	International Development	
Fundraising	Community Service	
Marketing	Retiree	
EDUCATIONAL PROGRAMMING Help plan an institute or conference Get a speaker Design/distribute flyers Help develop/plan a training seminar Facilitate a training session	COMMUNICATIONWrite an article for newsletterSolicit articles for newsletterAssist with newsletter layoutAssist with chapter website	
AWARDSSolicit nominations Write a nomination Review award submissions	MEMBERSHIPAssist with recruitmentPlan a membership event	
MARKETING Develop marketing materials Plan advertising campaign	SOCIALPlan a fun activityHelp with set-up	
OTHER WAYS I WOULD LIKE TO HEL	P/SKILLS I HAVE:	