



# INTERNATIONAL AFFILIATE MEMBERSHIP APPLICATION

## 2019 Membership Year

Join Online at [www.iawponline.org](http://www.iawponline.org)

Date \_\_\_\_\_

- New Member
- Renewing Member

**COUNTRY** \_\_\_\_\_

### PRIMARY CONTACT

Name \_\_\_\_\_

Division \_\_\_\_\_

Position/Title \_\_\_\_\_

Business Address \_\_\_\_\_

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

Business Email \_\_\_\_\_ Personal Email \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

- Business
- Cell
- Home

- Business
- Cell
- Home

Please check the preferred email for communication

- Business

- Personal

I authorize IAWP to communicate with me via text

- Yes

- No

### Membership Fee & Payment

The annual membership fee for an International Affiliate is \$1,495.

Check attached in the amount of \$1,495.

I hereby authorize IAWP to charge the below-described credit card \$1,495.

- VISA

- MasterCard

- American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder \_\_\_\_\_ CVV \_\_\_\_\_

Full Billing Address \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**International Affiliate** - An International Affiliate is a country or representative of a country, such as an embassy or consulate, which may wish to join IAWP. An International Affiliate shall include no more than five (5) individual contacts, and said International Affiliate shall designate one individual contact to represent the organization. Benefits for International Affiliates shall be set by the IAWP Executive Director and approved by the Executive Committee.

An International Affiliate does not have any right to vote, make and second motions, place names in nomination, be nominated for and hold office, or serve on committees. When determining a quorum for a meeting of the members, International Affiliates shall not be counted. An International Affiliate is not chapter affiliated.

**ADDITIONAL CONTACTS**

Name \_\_\_\_\_

Division \_\_\_\_\_

*If different from Primary Contact*

Position/Title \_\_\_\_\_

Business Address \_\_\_\_\_

*If different from Primary Contact*

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

Business Email \_\_\_\_\_ Personal Email \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Business  Cell  Home

Business  Cell  Home

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Personal

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No

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Business  Cell  Home

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Personal

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