

INTERNATIONAL AFFILIATE MEMBERSHIP APPLICATION

2019 Membership Year

Join Online at www.iawponline.org ☐ New Member ☐ Renewing Member COUNTRY **PRIMARY CONTACT** Name Division Position/Title Business Address ______ City State Zip_____ Business Email Personal Email Alternate Phone____ ☐ Business ☐ Cell ☐ Home ☐ Business ☐ Cell ☐ Home □ Personal Please check the preferred email for communication Business ☐ Yes ☐ No I authorize IAWP to communicate with me via text 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 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

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		
Position/Title	different from Primary Contact	
Business Address		
City State Zip	different from Primary Contact	
Business Email		
Phone		
☐ Business ☐ Cell ☐ Home		☐ Business ☐ Cell ☐ Home
Please check the preferred email for communication I authorize IAWP to communicate with me via text		
Name		
Division	different from Division Co. 1	
Position/Title	different from Primary Contact	
Business Address		
City State Zip	different from Primary Contact	
Business Email	Personal Emai	il
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International Association of Workforce Professiona	als 3267 Bee Caves Road Suite	107-104 Austin TX 78746 502.223.4459

ADDITIONAL CONTACTS		
Name		
Division		
Position/Title	om Primary Contact	
Business Address		
City State Zip	om Primary Contact	
Business Email	Personal Ema	il
PhoneAlt	ernate Phone	
☐ Business ☐ Cell ☐ Home		☐ Business ☐ Cell ☐ Home
Please check the preferred email for communication I authorize IAWP to communicate with me via text	☐ Business☐ Yes	☐ Personal ☐ No
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