



# ORGANIZATIONAL AFFILIATE MEMBERSHIP APPLICATION

2019 Membership Year

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

Date \_\_\_\_\_

- New Member
- Renewing Member

ORGANIZATION \_\_\_\_\_

### **PRIMARY CONTACT**

Name \_\_\_\_\_

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 Organizational 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 \_\_\_\_\_

**Organizational Affiliate** - An International Affiliate is a non-governmental organization connected to the workforce profession, who wishes to join IAWP. An Organizational Affiliate shall include no more than five (5) individual contacts, and said Organizational Affiliate shall designate one individual contact to represent the organization. Benefits for Organizational Affiliates shall be set by the IAWP Executive Director and approved by the Executive Committee.

An Organizational 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, Organizational Affiliates shall not be counted. An Organizational Affiliate is not chapter affiliated.

**ADDITIONAL CONTACTS**

Name \_\_\_\_\_

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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Business

Personal

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Yes

No

Name \_\_\_\_\_

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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Business

Personal

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Yes

No

Name \_\_\_\_\_

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

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

*If different from Primary Contact*

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

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Business  Cell  Home

Business  Cell  Home

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Business

Personal

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Yes

No

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

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

*If different from Primary Contact*

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Business  Cell  Home

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Yes

No