



MEMBERSHIP APPLICATION

Join Online at www.iawponline.org

Date _____

- New Member
- Renewing Member

Name _____

Employer/Organization _____

Please check here if you are retired or not working and skip to personal information

Position/Title _____

Business Address _____

City State Zip _____

Home/Personal Address _____

City State Zip _____

Preferred Email _____ Alternate Email _____

Business Personal

Business Personal

Preferred Phone _____ Alternate Phone _____

Business Cell Home

Business Cell Home

Chapter _____ Referred by _____

Member Type & Annual Dues

Workforce Professional \$60

Young Workforce Professional \$50
30 years of age or younger

Retired Workforce Professional \$40
65 years of age or older, or retired

Payment

Check attached.

I hereby authorize IAWP to charge the below-described credit card the annual membership dues fee indicated above.

VISA

MasterCard

American Express

Credit Card Number _____ Expiration Date _____

Cardholder _____ CVV _____

Full Billing Address _____

Cardholder's Signature _____

Thank You!