



TO: Membership Department  
 International Association of Administrative Professionals  
 10502 NW Ambassador Drive  
 PO Box 20404  
 Kansas City MO 64195-0404

FAX: 816.891.9118

Listed below by classification are current **chapter dues** as defined in the chapter bylaws. This form may also be used by divisions.

<b>Classification</b>	<b>Annual Amount</b>
Professional	\$ _____
Professional-Merited	\$ _____
Student	\$ _____
Effective Date for Dues Change	_____

**NOTE: First notice for renewal of dues is printed and forwarded 3 months prior to the due date. Any change in chapter dues must be received at least 3½ months preceding the effective date.**

Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_

Treasurer \_\_\_\_\_

Day Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Date Submitted \_\_\_\_\_

If you have any questions, you may call 816.891.6600 ext. 2249, 2226, 2244.