



International Association of  
Administrative Professionals®

World Headquarters  
10502 NW Ambassador Drive

PO Box 20404  
Kansas City MO 64195-0404

Tel 816.891.6600

Fax 816.891.9118

E-mail membership@iaap-hq.org

Web Site www.iaap-hq.org

# REQUEST FOR TRANSFER OF MEMBERSHIP from PROFESSIONAL to PROFESSIONAL-MERITED

Date \_\_\_\_\_

Identification No. \_\_\_\_\_

Chapter Code \_\_\_\_\_

NAME \_\_\_\_\_  CPS     CAP

I hereby make application for **TRANSFER** of my Professional membership to Professional-Merited membership.

Member-at-Large       Chapter \_\_\_\_\_  
city/state

I understand that the qualifications for Professional-Merited membership are:

- a. Retired and a total of 5 years Professional membership, and
- b. Either attained the age of 55 years or received forced work retirement because of physical disability.

Qualifying data:

Birth Date \_\_\_\_\_ Effective Date of IAAP Membership \_\_\_\_\_

Date Retired \_\_\_\_\_

\_\_\_\_\_  
Signature, member requesting transfer      Approved by:

\_\_\_\_\_  
Address      Signature of Chapter Treasurer or Division Treasurer  
if transferee is a member of the Division-at-Large.

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

Phone \_\_\_\_\_ Acknowledged:

Fax \_\_\_\_\_  
\_\_\_\_\_  
Headquarters Office

E-Mail \_\_\_\_\_  
\_\_\_\_\_  
Effective Date of Transfer

### INSTRUCTIONS FOR COMPLETION:

**Transferee**, complete form and forward to your respective Chapter or Division Treasurer.  
**Chapter or Division Treasurer** forward completed form to Headquarters Office

Proper notification of transfer will be forwarded by Headquarters to Chapter and Division Treasurers.