Membership Reinstatement Application

Member-at-Large may submit to Headquarters. Member of Chapter/Division or Division only should submit to appropriate unit treasurer and include appropriate unit dues as established by the unit.

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

A member **who has forfeited membership for any reason and wishes to reinstate within the next two years** may do so by paying the appropriate amount listed below, which **includes** the current year's dues and processing fee, and shall retain membership tenure.

		❄
Professional	$ 68	$ 90
Student	22	40
Professional-Merited	39	58
Associate	155	175

A member **who has forfeited membership for any reason and has permitted more than two years to lapse** shall reapply as a new member by paying the appropriate amount listed below, which **includes** the current year's dues and processing fee, and tenure of past membership shall be forfeited.

		❄
Professional	$ 68	$ 90
Student	22	40
Professional-Merited	39	58
Associate	155	175

❄**Any member who resides outside the United States, its territories, Puerto Rico, the Virgin Islands of the United States, or Canada.**

Please Print or Type—MEMBERSHIP CLASSIFICATION (check one)

❑ Professional ❑ Student ❑ Professional-Merited ❑ Associate

Total Dues Association $_____ (See above) Chapter $_____ Division $_____ = $_____ (Total)

Name of Chapter _____ Chapter No. _____ Division _____

Credit Card No. _____ Amount $_____

Check One: ❑ Visa ❑ MasterCard ❑ Discover ❑ American Express

Print Name of Cardholder _____

Signature of Cardholder _____ Expiration _____ (Month/Year)
All credit card charges must be signed

To comply with USPS Section E.212.1.2, DMM: dues for members of the association include $15 subscription to *OfficePRO*® magazine which may not be deducted from gross dues.

Name First _____ Middle Initial _____ Last _____

Title _____ SS No. _____ (OPTIONAL)

Employer _____

❑ *Bus Address _____

City _____ ST/PR _____ ZIP/PC _____

❑ *Res Address _____

City _____ ST/PR _____ ZIP/PC _____

Phone Bus (_____)_____ Res (_____)_____

Fax (_____)_____

E-Mail Home _____ Work _____

***Please check one address preference for association mail.**

❑ Check here if you do **not** wish to receive nonassociation mail.

Signature of Applicant _____ Date _____

Headquarters Use Only

ID _____

Member Type _____ Status _____

Join Date _____

Exp Date _____

Chapter No. _____

Division No. _____

*Total Amount Paid $_____

Processing $_____

Reinstatement $_____

Chapter Ref $_____

Division Ref $_____

Prepay Account #_____

Prepay Amount $_____

Source Code _____

Check No. _____