

Request for Transfer of Membership from Student to Professional



10502 NW Ambassador
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

Date _____

Identification No. _____

Chapter No. _____

Name _____ CPS CAP

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

Member-at-Large Chapter _____
city/state

Check here if you paid chapter/division dues locally.

I understand that the qualifications for Professional membership are:

- a. Currently employed (or within the last two years) as an administrative professional; or
- b. A holder of the CPS[®] and/or CAP^{CM} rating; or
- c. An employed teacher of business education.

Effective Date of IAAP Membership _____

Member Requesting Transfer:

Name _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

E-Mail _____

Approved by:

Chapter Treasurer or
Division Treasurer if
Transferee is a Member
of the Division-at-Large _____

Acknowledged:
Headquarters Office _____

Effective Date of Transfer _____

Instructions for Completion:

Transferee, complete form and e-mail to your respective Chapter or Division Treasurer.
Chapter or Division Treasurer e-mail completed form to Headquarters Office.

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