



IAAP MEMBERSHIP APPLICATION CANADA

IAAP WINNIPEG CHAPTER: STN MAIN, P.O. BOX 2575, WINNIPEG MB R3C 4B3
Phone 204-467-3203 * E-mail info@iaapwinnipeg.com * www.iaapwinnipeg.com

MEMBERSHIP APPLICATION

Please print of key in all information			<input type="checkbox"/> Check here if you do <u>not</u> wish to receive non association mail.		
		SEND ALL MAIL TO: <input type="checkbox"/> Home <input type="checkbox"/> Office			
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COMPANY NAME		CITY	PROVINCE		
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WORK ADDRESS/P.O. BOX		POSTAL CODE		COUNTRY	
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HOW DID YOU HEAR ABOUT IAAP?	<input type="checkbox"/> Web Site	<input type="checkbox"/> Mailing	<input type="checkbox"/> Seminar/Workshop	<input type="checkbox"/> Office Pro Magazine	
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TYPE OF MEMBERSHIP

Select the membership classification	Processi ng Fee	+	Annual IAAP Dues	+	Chapter Dues	+	Division Dues	=	Total Payable in USD
<input type="checkbox"/> Professional – A currently employed (or within the last two years) administrative professional, a holder of the CPS® and/or CAP® rating, or an employed teacher of business education.	\$15.00	+	\$58.00	+	\$21.50	+	\$15.00	=	\$109.50
<input type="checkbox"/> Student – A student in business education : maximum 4-years in Student classification	N/A		\$24.00	+	\$7.50	+	\$5.00	=	\$36.50
<input type="checkbox"/> ASSOCIATE – An individual, firm, or educational institution that sustains the objectives of IAAP who does not qualify as a Professional or Student Member. This classification allows the company to specify on contact person for the company.	\$15.00	+	\$155.00		N/A		N/A	=	\$170.00

NAME OF IAAP CHAPTER	WINNIPEG	CHAPTER NO.	603310	DIVISION HO.	603000
IAAP STUDENT CHAPTER NAME		ADVISOR			
RECRUITED BY:				ID NO.	

METHOD OF PAYMENT -ALL PAYMENTS DUE IN USD

Please return the completed application for to: Bridget Katazinski, c/o Box 34, GRP 368, RR3, Winnipeg MB R3C 2E7. Email: b_katazinski@ducks.ca or Fax: 204-467-3400				HEAD QUARTERS US ONLY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ID No.	
				Mbr Type	Status
Credit Card Number				Security Code	Join Date
				Chapter No.	Exp Date
				Division No.	
				Total Amount Paid\$	
				Processing \$	IAAP Dues \$
Signature of Cardholder				Expiration Date	Chapter \$
				Prepay Acct.#	Division \$
Print Name of Cardholder				Dollar Amount	Prepay Amount \$
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