



# INTERNATIONAL ASSOCIATION OF ADMINISTRATIVE PROFESSIONALS

## MEMBERSHIP APPLICATION

IAAP WINNIPEG CHAPTER: STN MAIN, P.O. BOX 2575, WINNIPEG MB R3C 4B3  
 Phone 204-757-4581 \* E-mail [info@iaapwinnipeg.com](mailto:info@iaapwinnipeg.com) \* [www.iaapwinnipeg.com](http://www.iaapwinnipeg.com)

### MEMBERSHIP APPLICATION

Please complete all information		<input type="checkbox"/> Check here if you <u>do not</u> wish to receive non association mail.	
LAST NAME	FIRST NAME	MI	SEND ALL MAIL TO: <input type="checkbox"/> Home <input type="checkbox"/> Office
JOB TITLE		HOME ADDRESS	
COMPANY NAME		CITY	Manitoba PROVINCE
WORK ADDRESS/P.O. BOX		POSTAL CODE	Canada COUNTRY
CITY	Manitoba PROVINCE	BIRTH DAY (M/D/YY)	HOME EMAIL
POSTAL CODE	Canada COUNTRY	HOME PHONE	WORK EMAIL
BUSINESS PHONE	FAX	How did you hear about IAAP?	<input type="checkbox"/> Web Site <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> Office Pro Magazine <input type="checkbox"/> Member <input type="checkbox"/> Other (list)

### TYPE OF MEMBERSHIP

Select membership classification	Processi ng Fee	Annual IAAP Dues	Chapter Dues	Division Dues	Total Payable in USD				
<input type="checkbox"/> Professional Membership – one of the following: An 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 Membership – 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 Membership – 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 one 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: IAAP Winnipeg c/o Bridget Katazinski, Membership Chair Box 34, GRP 368, RR3 Winnipeg MB R3C 2E7 or Email: <a href="mailto:info@iaapwinnipeg.com">info@iaapwinnipeg.com</a> or call 204-757-4581		HEAD QUARTERS US ONLY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card Number	Security Code	Mbr Type	Status
Signature of Cardholder	Expiration Date	Join Date	Exp Date
		Chapter No.	Division No.
Print Name of Cardholder	Dollar Amount	Total Amount Paid\$	
		Processing \$	IAAP Dues \$
		Chapter \$	Division \$
		Prepay Acct.#	Prepay Amount \$
		Source Code	Cheque No.

By submitting this application you agree to share your contact information provided with fellow chapter members to assist with the running of the chapter. Under the privacy laws no member is allowed to distribute such information to any non-member.