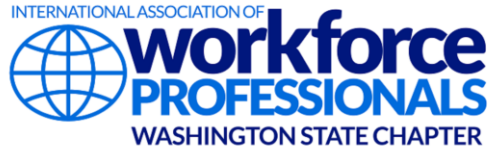


*Required fields



APPLICATION FOR IAWP MEMBERSHIP

IAWP is YOUR Professional Association. We hope you will share your skills and interest to assist us in providing quality member programs. Help your chapter grow by using your talents to get involved in a committee or activity – you'll love it!

First Name: _____ * **Last Name:** _____ *

Home Address: _____ * **Personal Email:** _____

City: _____ * **Personal Phone:** _____

State: _____ * **Zip:** _____ * **Birth Month:** _____

Employer: _____

Work Address: _____ **Work Email:** _____

City: _____ **Work Phone:** _____

State: _____ **Zip:** _____

My preferred contact Method is:*

- Personal Email
- Work Email

Membership Options:*

- New Member: \$84 per year
- Renewal Membership: Dues: \$84 per year
- New Retiree: \$30 per year
- Renewal Retiree: Dues: \$30 per year

Are you a Veteran?*

- Yes
- No

Are you a spouse of a Veteran?*

- Yes
- No

Interested in Volunteering?*

- Yes, please send me a list of volunteer opportunities
- No, not at this time

Payment options: *

- I am an employee of Employment Security Department, please send information on how to do payroll deduction. (3.50/a paycheck)
- Pay by Check (Send a check to P.O. Box 2543 Olympia, WA 98507)
- Pay by credit Card – please send me the link to pay by credit/debit card

Signature: _____ **Signature Date:** _____

Publication:

- From time to time the Washington State Chapter may take photos and videos at chapter events. If you do not want your image used on our website or in publications please check here.

Send applications to chede@esd.wa.gov