



International Association of Workforce Professionals

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Pennsylvania Chapter
2008 Membership Application

Name _____ **Date** _____

Home Address _____ **IAWP ID** _____

City/State/Zip _____ **Address Change**

Home Phone _____ **Home e-mail** _____

Gender Female Male **Year of Birth** _____

Employment Information – Public
(To be completed by members employed by the Commonwealth)

Department _____ **Bureau** _____

Office _____ **Office Phone** _____

Office Fax () _____ **Office e-mail** _____

Employment Information – Partner
(To be completed by members not employed by the Commonwealth)

Employer Name _____

Address _____

City/State/Zip _____

Office Phone () _____ **Office Fax ()** _____

Office e-mail _____

Check here to indicate a change to previously submitted information. (Please highlight change.)

CONTACT PREFERENCES

I prefer to be contacted by e-mail at Home or Employment address.
I prefer to receive written correspondence at Home or Employment address.

<p><u>Membership Dues</u></p> <p>___ \$52.00 Full Member</p> <p>___ \$26.00 Retiree</p> <p><u>Membership Type</u></p> <p>___ New Member</p> <p>___ Renewal</p>	<p style="text-align: center;"><u>Additional Information</u></p> <p>Who contributed to your decision to join/renew membership in IAWP?</p> <p>Recruiter's Name: _____</p> <p>Recruiter's Address: _____ (Optional)</p> <p>Would you be willing to serve?</p> <p>As an Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No OR On a committee? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Make checks payable to: **PA Chapter IAWP**

Note: IAWP requests some personal information for association-wide demographics ONLY. All information is confidential. IAWP is prohibited from selling its mailing lists. Companies providing member service and benefit programs, which may contact you by phone or mail, are also prohibited from non-contracted use of IAWP mailing lists.

Return check and form to: Kathryn W. Parks, 11054 Charles Street, Meadville, PA 16335