



Pennsylvania Chapter  
2007 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,  Employment address.  
I prefer to receive written correspondence at  Home,  Employment address.

<u>Membership Dues</u> ____ \$52.00 Full Member ____ \$26.00 Retiree <u>Membership Type</u> ____ New Member ____ Renewal	<p style="text-align: center;"><b>Additional Information</b></p> Who contributed to your decision to join/renew membership in IAWP? Recruiter's Name: _____ Recruiter's Address: _____ (Optional) Would you be willing to serve? As an Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>OR</b> On a committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 Parks, Erie UC Service Center 1316 State St., Erie, PA 16501**