



Gift of Membership

For a New Member

Fill out this form and fax to 816-891-9118
Or call 816-891-6600, ext. 2226, 2256 or 2238

Purchaser's Name _____

Address _____

City _____ State/Prov _____ Zip/PC _____

E-mail _____

Phone _____

Charge to (see below if you prefer to use a check):

Visa MasterCard Discover American Express

Credit Card No. _____ Exp. Date _____

Amount (see chart below) \$ _____

All Payable in U.S. Funds	Processing Fee	Annual IAAP Dues	Chapter Dues	Division Dues	Total
<input type="checkbox"/> Professional	\$15	\$83	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Student	\$15	\$50	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Associate	\$15	\$180			\$195

IAAP Chapter Name and No. _____

IAAP Division Name _____

Choose one:

- Notify the recipient of the membership gift via e-mail and include my name.
 I prefer to remain anonymous. Notify the recipient of the membership gift via e-mail but don't include my name.

Recipient's Name _____

Address _____

City _____ State/Prov _____ Zip/PC _____

E-mail _____

Phone _____

If paying by check, send form and payment to:

IAAP, Gift of Membership, PO Box 20404, Kansas City MO 64195-0404