

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!

Application Type:

New Member Dues: \$3.50 per pay check (see directions below to set up payroll deduction)
 New Member Dues: \$84 Per Year (paid annually, **payment must accompany application**)
 New Retiree Dues: \$30 Per Year (paid annually, **payment must accompany application**)

Name _____ Male Female Birth Date _____

Home Address _____ City _____ State _____ Zip Code _____

Employer (Agency/Div.) _____ Office Location _____

E-MAIL _____ Wrk ph _____ Cell/home ph _____

Please take a few moments to check the areas you would be interested in helping with:

Serve on a Committee

- | | | |
|---|---|--|
| <input type="checkbox"/> Audit | <input type="checkbox"/> Education | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Retiree |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Legislative | <input type="checkbox"/> Veterans |

EDUCATIONAL <input type="checkbox"/> Help plan a workshop, Brownbag or conference <input type="checkbox"/> Get a speaker <input type="checkbox"/> Design/distribute flyers	PUBLICATIONS/MEDIA <input type="checkbox"/> Write an article <input type="checkbox"/> Solicit articles <input type="checkbox"/> Do newsletter layout <input type="checkbox"/> Assist with IAWP website	AWARDS <input type="checkbox"/> Solicit nominations <input type="checkbox"/> Write a nomination <input type="checkbox"/> Review award submissions
MEMBERSHIP <input type="checkbox"/> Assist with recruitment <input type="checkbox"/> Plan a membership event	MARKETING <input type="checkbox"/> Develop marketing materials <input type="checkbox"/> Plan advertising campaign	SOCIAL <input type="checkbox"/> Plan a fun activity <input type="checkbox"/> Help with set-up

PROGRAM INTERESTS: WorkSource Dislocated Workers Unemployment Tax/Benefits
 (Check one or more) Administrative Services Partnerships Other _____

Employee Signature _____ Date _____

New Member, recruited by _____

**Submit application to State Chapter Membership Chair, Clint Hede,
chede@esd.wa.gov or PO Box 2543, Olympia, WA 98507.**

To begin your payroll deduction: Go to http://esd1apolylop1/lfserver/Recurring_Deduction_Form to complete the Recurring Deduction Form in Liquid Office.

- Fill in the blank fields
- Location Code - six digit code found under your name in TotalTime
- Type of Deduction - select IAWP 2747
- Amount of Deduction - enter \$3.50
- Frequency of Deduction - select Semi-monthly

I have completed the Recurring Deduction Form in Liquid Office on _____.

date