



MEMBERSHIP APPLICATION FORM



Chapter # _____ Region # _____ (If Unknown, Please Leave Blank) Today's Date _____

Name Mr. Mrs. Ms. _____ (First / MI /Last Name) Nickname _____

Home Address _____ (Street Address)
_____(City) _____(State) _____(Zip Code)

Home Phone _____ Cell Phone _____

E-mail Address _____ Birth Date _____ (Month/Day/Year)

Preferred Mailing Location (Please Check One) Office Home

Right of Way Specialties (Rank All That Apply Numerically With #1 As Primary) (Optional)

- ___ Appraisal ___ Asset Management ___ Engineering ___ Environmental ___ Law
___ Local Public Agency ___ Negotiations/Acquisition ___ Pipeline ___ Relocation ___ Surveying
___ Transportation ___ Utilities/ Wireless ___ Valuation

Job Title _____ Year Entered Profession _____

Highest Education Level (Please Check One) High School College Advanced Degree

Employer Information Company Name _____

Address _____ (Street Address)
_____(City) _____(State) _____(Zip Code)

Phone _____ Fax _____

Employer Website Address _____

Have you ever been convicted of any local, state or federal felony or indictable offense statute? YES NO

Have you ever been convicted of any misdemeanor or summary conviction statute, which could be perceived to reflect adversely upon your professional character, trustfulness, morality or reputation? YES NO

If the answer to either question is "YES", please attach a full description on a separate sheet and include with this application.

By completing this application you agree to abide by the IRWA Code of Ethics, Ethical Rules, and Standards of Practice. Visit www.irwaonline.org for information.

**SECTION 1
U.S. INTERNATIONAL MEMBERSHIP DUES RATES**

Quarter	New Member	Application Fee	Total
1st (Jan-Feb-Mar)	\$ 215.00	\$ 25.00	\$ 240.00
2nd (Apr-May-Jun)	\$ 161.25	\$ 25.00	\$ 186.25
3rd (Jul-Aug-Sep)	\$ 107.50	\$ 25.00	\$ 133.50
4th and New Year	\$ 215.00	\$ 25.00	\$ 240.00

Excludes local chapter membership dues. See Section 2 for a listing of local chapter dues. Some local chapters may charge an additional application fee. Your local Chapter's Membership Chair will contact you if there is an additional amount due. In subsequent years you will automatically be billed for local and International membership dues by IRWA headquarters.

NOTE: Please visit IRWA's web site (www.irwaonline.org) for a geographical listing of IRWA local chapters

**SECTION 2
ANNUAL LOCAL CHAPTER DUES
UNITED STATES CHAPTERS**

Chapter	Dues Amount
1	\$ 20.00
2	\$ 20.00
3	\$ 15.00
4	\$ 25.00
5	\$ 20.00
6	\$ 12.00
7	\$ 15.00
8	\$ 20.00
9	\$ 14.00
10	\$ 15.00
11	\$ 20.00
12	\$ 25.00
13	\$ 20.00
14	\$ 10.00
15	\$ 15.00
16	\$ 20.00
17	\$ 21.00
18	\$ 25.00
19	\$ 10.00
20	\$ 26.00
21	\$ 14.00
22	\$ 10.00

Chapter	Dues Amount
23	\$ 10.00
24	\$ 20.00
25	\$ 10.00
26	\$ 10.00
27	\$ 10.00
28	\$ 25.00
31	\$ 30.00
32	\$ 42.00
33	\$ 15.00
35	\$ 5.00
36	\$ 20.00
37	\$ 25.00
38	\$ 25.00
39	\$ 0.00
39A	\$ 0.00
40	\$ 20.00
41	\$ 20.00
42	\$ 25.00
43	\$ 25.00
44	\$ 10.00
45	\$ 12.00
46	\$ 20.00

Chapter	Dues Amount
47	\$ 30.00
49	\$ 25.00
50	\$ 10.00
51	\$ 20.00
52	\$ 10.00
53	\$ 10.00
55	\$ 20.00
56	\$ 10.00
57	\$ 20.00
64	\$ 5.00
67	\$ 25.00
70	\$ 10.00
71	\$ 10.00
72	\$ 25.00
73	\$ 20.00
74	\$ 10.00
75	\$ 20.00
77	\$ 10.00
78	\$ 25.00
82	\$ 10.00

Total International Dues (See Section 1 Above)	
Total Chapter Dues (See Section 2 Above)	
GRAND TOTAL	

Credit Card Payment Information (Please Check Appropriate Box Below)

AMEX Visa M/C Discover Wire Transfer

Credit Card Number _____ Expiration Date _____

Name on Credit Card _____

Signature _____ Date _____

Approval to Charge Total (Box Must be Checked)

Applicant's Name _____ Date _____

Signature _____

Payment Method:

Payment by Credit Card You can fax, e-mail or mail your completed form to the address below.
Payment by Check Mail full payment with your application (*Make a Copy for Your Records*).
Company Invoice If your employer requires an invoice, please contact IRWA Member Services.
Payment by Wire Transfer Please contact us for Wire Transfer instructions.

Questions?

If you have any questions about membership, our Member Services staff is available to assist you.
Please contact us at (310) 538-0233, extension 120 or 134. We look forward to serving you as an IRWA member.

How did you hear about IRWA?

Mail Internet Chapter IRWA Ad
 E-mail Tradeshow Professional Associate
 Other _____

Chapter Approval (**Chapter Secretary or Membership Chair**)

Print Name _____

Signature _____ Date _____

FOR IRWA USE ONLY

Date Received _____ Date in NF _____

Date Approved _____ Date on PM List _____

Membership # _____ Verified By _____