



MEMBERSHIP APPLICATION FORM
Valid from November 1, 2011 to March 31, 2012

Today's Date _____

Family Member Belonging to IRWA _____ Chapter # _____ # Years in IRWA _____

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)

- 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.

Print Name _____

SECTION 1
INTERNATIONAL MEMBERSHIP DUES RATES

Quarter	New Member	Application Fee	Chapter 28	* Total
LIMITED TIME OFFER	\$ 205.00	—\$ 25.00— WAIVED	\$ 0.00	\$ 205.00

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 Information:

- Payment by Credit Card** You can either fax, e-mail or mail the application 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 _____