

# IAWP Membership Application



**Name:** \_\_\_\_\_  
(Last) (First) (MI)

**Home Address:** \_\_\_\_\_  
(Number and Street)

**City:** \_\_\_\_\_  
(State) (Zip)

**Telephone:** \_\_\_\_\_  
(Include Area Codes) (Home) (Work)

**Office/s in Which You Work:** \_\_\_\_\_

**IAWP Zone:** \_\_\_\_\_ **Check Here If New Member:** \_\_\_\_\_

Make First Year Check Payable To: **IAWP**  
**for \$60.00**

Dues: \$60 per year, \$5 per month, about .16 cents per day

Send Check and Completed Application to:

**Karin Strand**  
**905 7th Avenue, SE Unit 1**  
**Altoona, IA 50009**

Visit our web site at:  
**[www.iowaiawp.org](http://www.iowaiawp.org)**