



MEMBERSHIP APPLICATION FORM

Today's Date _____

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

Home Address _____
Number, Street name, City
Postal Code State / Province Country

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 Other

Employer Information Company Name _____

Address _____
Number, Street name, City
Postal Code State / Province Country

Phone _____ Fax _____

Employer Website Address _____

Have you ever been convicted of a felony? YES NO

Have you ever been convicted of any misdemeanor, 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 _____

INTERNATIONAL MEMBERSHIP DUES RATES (All charges in USD)

Quarter	New Member	Application Fee	Total
1st (Jan-Feb-Mar)	\$ 225.00	\$ 25.00	\$ 250.00
2nd (Apr-May-Jun)	\$ 168.75	\$ 25.00	\$ 193.75
3rd (Jul-Aug-Sep)	\$ 93.75	\$ 25.00	\$ 118.75
4th and New Year	\$ 225.00	\$ 25.00	\$ 250.00

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 _____

Card Holder's Signature _____ Date _____

Approval to Charge Total (Box Must be Checked)

Applicant's Name _____ Date _____

Signature _____

Payment Information:

- 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 _____

FOR IRWA USE ONLY

Date Received _____ Date in NF _____
Date Approved _____ Date on PM List _____
Membership # _____ Verified By _____