

Membership Category

(check one)

- _____ U.S. Agency/Associates (see box below)
- \$500 International Agency
- \$145 Individual
- \$105 Online
- \$70 Emeritus
- \$35 Student (Please provide a copy of your student ID or most recent transcripts)

Agency Dues Chart

Number of Covered Staff	Dues
1-3 Staff	\$360
4-6 Staff	\$720
7-10 Staff	\$1,200
11-15 Staff	\$1,800*
16-20 Staff	\$2,400*
21+ Staff	\$2,400* + \$115 each additional person

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*Membership level includes one complimentary IPMA-HR International Training Conference Registration fee (a \$700 value!)

**Must be in addition to an agency membership

Individual or Agency**

Primary Contact

To assist with accuracy, please attach your business card.

Name _____

Title _____

Agency _____

Address _____

City _____

State _____ Zip _____

Email _____

Phone _____

Fax _____

**If agency, please list additional staff you wish to cover with membership on an attached separate sheet of paper.

How many years have you been in the HR profession? _____

How many years have you been with your current employer? _____

How did you hear about us? _____
(if colleague, please provide name)

Method of Payment

- Check (in U.S. funds only) payable to IPMA-HR
- Visa MasterCard

Account # _____

Expiration _____

Name on Card (please print) _____

Signature of Cardholder _____

I work in the following industry:

(check one)

- Federal Government
- State Government
- County Government
- Municipal Government
- Special District
- University/School
- Private Industry
- Independently Employed

- Mail Preference Service.** IPMA-HR occasionally shares information with recognized organizations that alert members to relevant goods and services. Please check the box if you prefer **NOT** to have your name provided to those other organizations.

MEMWEB09