



International Association of
Assessing Officers

2017 Membership Application

All information is required.

Name: _____

Job Title: _____

Jurisdiction/Firm: _____

Address: _____

City: _____

State/Province: _____

Country: _____

Zip Code: _____

E-mail: _____

Phone Number: _____

Referral Name: _____

Chapter/Affiliate Name: _____

Total Membership Dues: \$ _____

Please complete this application and return with payment of dues. If paying by credit card, please provide the information requested and either submit the form electronically to membership@iaao.org or fax to **816-701-8149**. If paying by check, please make check payable to IAAO and mail to: **IAAO, PO Box 29900, Dept 929, Phoenix, AZ 85038-0900**.

Visa MasterCard AMEX

Cardholder Name (Print): _____

Card Number: _____

Expiration Date: _____

CSC Code: _____

I hereby apply for membership in the International Association of Assessing Officers and agree to comply with the requirements of the IAAO Code of Ethics and Standards of Professional Conduct. If accepted for membership, I will abide by the IAAO Constitution, pay the established dues, and comply with the Code and Standards.

Signature: _____

Date: _____

SOURCE CODE CHAP/AFF17

Engage Locally & Connect Globally

Join IAAO

We know you care about your community--about being involved and making a difference.

Professionalism is important to you and to those you serve. As a standing member of your local assessment organization, we invite you to also join IAAO at a special discounted rate.

Special Offer

Available to members of IAAO Chapters & Affiliates for first three years of new membership.

All benefits and services are electronic.

Proration Schedule

Date Rec'd	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Cost	\$125. ⁰⁰	\$93. ⁷⁵	\$62. ⁵⁰	\$125. ⁰⁰