

# IAAO Representative Appointment Form

DATE: \_\_\_\_\_

---

**NAME OF ASSESSMENT ORGANIZATION**

● IAAO CHAPTER ● IAAO AFFILIATE MEMBER MEMBER #: \_\_\_\_\_

---

**ADDRESS**

---

**CITY, STATE ZIP/POSTAL CODE**

---

**TELEPHONE**

**FAX**

**EMAIL**

---

**CONTACT NAME**

---

**CONTACT TITLE**

Each assessment organization may appoint up to two IAAO representatives for a one-year term. The representative(s) must be submitted on this form and must be a member of IAAO *and* a member of the assessment organization:

IAAO REPRESENTATIVE 1:			
<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE INITIAL</b>	<b>IAAO MEMBER #</b>
<b>TERM BEGINS (YEAR)</b>	<b>TERM ENDS (YEAR)</b>		
IAAO REPRESENTATIVE 2:			
<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE INITIAL</b>	<b>IAAO MEMBER #</b>
<b>TERM BEGINS (YEAR)</b>	<b>TERM ENDS (YEAR)</b>		