

# IAAO Representative Appointment Form

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

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**NAME OF ASSESSMENT ORGANIZATION**

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

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**ADDRESS**

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**CITY, STATE ZIP/POSTAL CODE**

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<b>TELEPHONE</b>	<b>FAX</b>	<b>EMAIL</b>
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**CONTACT NAME**

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**CONTACT TITLE**

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

<b>IAAO REPRESENTATIVE 1:</b>			
<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>		
<b>IAAO REPRESENTATIVE 2:</b>			
<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>		
<b>IAAO REPRESENTATIVE 3:</b>			
<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>		
<b>IAAO REPRESENTATIVE 4:</b>			
<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>		