



MEMBERSHIP APPLICATION FORM
2017 - 18 Membership
This offer is Valid from
September 15, 2017 to December 31, 2017



Today's Date _____

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

Home Address _____ (Street Address)

(City) (State) (Zip Code)

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)

- | | | | | |
|--|---|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Appraisal | <input type="checkbox"/> Asset Management | <input type="checkbox"/> Engineering | <input type="checkbox"/> Environmental | <input type="checkbox"/> Law |
| <input type="checkbox"/> Local Public Agency | <input type="checkbox"/> Negotiations/Acquisition | <input type="checkbox"/> Pipeline | <input type="checkbox"/> Relocation | <input type="checkbox"/> Surveying |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Utilities/ Wireless | <input type="checkbox"/> Valuation | <input type="checkbox"/> Young Professional | |

Job Title _____ Year Entered Profession _____

Highest Education Level (Please Check One) ☐ High School ☐ College ☐ Advanced Degree

Employer Information Company Name _____

Address _____ (Street Address)

(City) (State) (Zip Code)

Phone _____ Fax _____

Employer Website Address _____

Have you ever been convicted of any local, state or federal felony or indictable offense statute? ☐ YES ☐ NO

Have you ever been convicted of any misdemeanor or summary conviction statute, 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

	New Member	Application Fee	Chapter 16	Total
Membership for remainder of 2017 & all of 2018	\$225.00	\$25.00 Waived	\$21.00	\$246.00

(All credit card charges are processed in US Dollars. Variances in international conversion rates per transaction may differ from the published amounts listed above).

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 _____

Applicant's Signature _____

Payment Information:

Payment by Credit Card

Payment by Check

Company Invoice

Payment by Wire Transfer

You can fax, e-mail or mail your completed form to the address below.

Mail full payment with your application (*Make a Copy for Your Records*).

If your employer requires an invoice, please contact IRWA Member Services.

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 _____