IAP2 USA Offline Membership Applications – NEW or RENEWAL Updates

Please complete the following application and mail with payment to:

IAP2 USA
13396 Kearney St.
Thornton, CO 80602

Amount Remitted $ ________________

By submitting this membership application, members consent to receive communications sent by or on behalf of IAP2 International and IAP2 USA via postal mail, email, telephone, or fax. Please read our Privacy Statement at the bottom of this document.

Please Select a Member Type

____________________________________

INDIVIDUAL MEMBERSHIP

☐ Emeritus - $75.00 (USD) Subscription period: 1 year. No recurring payments.
    Description: Retired IAP2 member who is no longer actively practicing - have been a member at least 5 years.

☐ Professional - $180.00 (USD) Subscription period: 1 year. No recurring payments.
    Description: Individual membership.

☐ Student - $50.00 (USD) Subscription period: 1 year. No recurring payments.
    Description: Full-Time Student – Receives full benefits of an individual membership at a discount rate. Requires demonstration of full-time student status. Email info@iap2usa.org or call (855) 424-7552.

Member Profile
Please fill out the following registration information. (* Denotes required fields.)

Salutation: ________________________________
*First Name: ________________________________
Middle Name (optional): ________________________
*Last Name: ________________________________
Suffix: ________________
*Organization Name: __________________________
*Job Title: _________________________________
*Preferred Email Address: ______________________

Alternate Email Address: ________________________
*Preferred Telephone: _________________________
Alternate Telephone: ___________________________
*Address 1: _________________________________
Address 2: _________________________________
*City: ________________________________
*State: _______  *Zip Code: ______________________

Web Site Address, if applicable: __________________________

Area of Expertise: ____________________________

____________________________________

* Denotes required fields.

Please read our Privacy Statement online at www.iap2usa.org or call (855) 424-7552.
**Type of Employer:**
- Public Sector/Government
- Private Sector/Commercial or Consultant
- Academic
- Other

**Years of Experience:**
- Less than 5 years
- 6-10 years
- More than 10 years

**Majority of P2 experience is in:**
- Public Sector/Government
- Private Sector/Commercial
- Not for Profit
- Academic
- Other

**Are You Interested In Serving on the Board?**
- Yes
- No

**Interest Areas:**
- Education
- Energy
- Environment
- Healthcare
- Infrastructure
- Sustainability
- Transportation
- Waste Management
- Water
- Other ________________

**Are You Interested In Serving On A Committee?**
- Chapter Relations Committee
- Communications Committee
- Membership Recruitment and Retention Committee
- Strategic Alliance Committee
- Professional Development Committee
- North American Conference Committee

**How did you hear about IAP2?**
- IAP2 USA Member
- IAP2 Training
- IAP2 USA Website
- Other internet
- Other ________________

**Social Networking:**
- Facebook
- Twitter
- Ning
- MySpace
- Linked In
- Other ________________

**Chapter Affiliation:**
- Cascade
- Colorado
- Grand Canyon
- Gulf Coast
- Intermountain
- Midwest
- Northern California
- Puget Sound
- No Chapter Affiliation
- Request to start a new chapter

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**BIO: Please describe yourself, including all relevant P2 experience and training:**

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The **IAP2 USA Privacy Policy** can be found at [http://iap2usa.org/privacy](http://iap2usa.org/privacy).
ORGANIZATIONAL MEMBERSHIP

ORGANIZATION: ____________________________________________________________

Primary Contact Person: __________________________ Title: ____________________________
Email: __________________________ Telephone: __________________________

Secondary Contact Person: __________________________ Title: ____________________________
Email: __________________________ Telephone: __________________________
Website: __________________________

☐ Organization 05 ($170 per member) $850.00 (USD) Subscription period: 1 year. No recurring payments. Up to 5 members.
☐ Organization 10 ($165 per member) $1,700.00 (USD) Subscription period: 1 year. No recurring payments. Up to 10 members.
☐ Organization 15 ($160 per member) $2,400.00 (USD) Subscription period: 1 year. No recurring payments. Unlimited members.
☐ Organization 20 ($160 per member) $3,200.00 (USD) Subscription period: 1 year. No recurring payments. Unlimited members.
☐ Organization 25 ($160 per member) $4,000.00 (USD) Subscription period: 1 year. No recurring payments. Unlimited members.

(Please list names and email addresses on the last sheet.)
# GOVERNMENT MEMBERSHIP

Government Entity: 

Primary Contact Person: 
Title: 

Email: 
Telephone: 

Secondary Contact Person: 
Title: 

Email: 
Telephone: 

Website: 

- **Gov1 0-50 government employees**  
  $390.00 (USD)  
  Subscription period: 1 year. No recurring payments. Based on the number of full-time, non-seasonal government employees. Up to 50 members.  

- **Gov2 51-200 government employees**  
  $585.00 (USD)  
  Subscription period: 1 year. No recurring payments. Based on the number of full-time, non-seasonal government employees. Up to 200 members.  

- **Gov3 201-1000 government employees**  
  $715.00 (USD)  
  Subscription period: 1 year. No recurring payments. Based on the number of full-time, non-seasonal government employees. Up to 1,000 members.  

- **Gov4 1,001-2,500 government employees**  
  $975.00 (USD)  
  Subscription period: 1 year. No recurring payments. Based on the number of full-time, non-seasonal government employees. Up to 2,500 members.  

- **Gov5 2,501-5,000 government employees**  
  $1,425.00 (USD)  
  Subscription period: 1 year. No recurring payments. Based on the number of full-time, non-seasonal government employees. Up to 5,000 members.  

- **Gov6 5,001-10,000 government employees**  
  $1,875.00 (USD)  
  Subscription period: 1 year. No recurring payments. Based on the number of full-time, non-seasonal government employees. Up to 10,000 members.  

- **Gov7 10,001-15,000 government employees**  
  $2,625.00 (USD)  
  Subscription period: 1 year. No recurring payments. Based on the number of full-time, non-seasonal government employees. Up to 15,000 members.  

- **Gov8 15,001+ government employees**  
  $4,500.00 (USD)  
  Subscription period: 1 year. No recurring payments. Based on the number of full-time, non-seasonal government employees. 15,001+ members.  

(Please list names and email addresses on the last sheet.)
LIST GROUP MEMBERS NAMES HERE ACCORDING TO THE GROUP YOU CHOOSE:
(You must indicate a Group Administrator.)

ORGANIZATION: ___________________________________________
Primary Contact Person: ________________________________ Telephone: _________________
Secondary Contact Person: ________________________________ Telephone: _________________

Email info@iap2usa.org to request the “Bulk Import Template” spreadsheet.

<table>
<thead>
<tr>
<th>Group Administrator</th>
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<tr>
<td><strong>FIRST NAME</strong></td>
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<th>Secondary Contact</th>
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<table>
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<tr>
<th>EMPLOYEES TO REGISTER AS MEMBERS</th>
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