



Membership Application Form

Chapter # _____ Region # _____ Date _____

Name _____ Nickname _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____ Birth Date _____

Preferred Mailing Location (Please Check One) Office Home (Month/Day/Year)

Right of Way Specialties (Rank all that apply numerically with #1 as Primary) (Optional)

_____ Appraisal	_____ Asset Management	_____ Engineering	_____ Environmental	_____ Law
_____ Local Public Agency	_____ Negotiations/Acquisition	_____ Pipeline	_____ Relocation	_____ Surveying
_____ Transportation	_____ Utilities/Wireless	_____ Valuation		

Job Title _____ Year Entered Profession _____

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

Employer Information

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

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.

Section 1

U.S. International Membership Dues Rates

Month Joined	New Member	Application Fee	Total
(Jan-Feb-March)	\$ 215.00	\$ 25.00	\$ 240.00
(Apr-May-Jun)	\$ 161.25	\$ 25.00	\$ 186.25
(Jul-Aug-Sep)	\$ 107.50	\$ 25.00	\$ 132.50
(Oct-Nov-Dec and New Year)	\$ 215.00	\$ 25.00	\$ 240.00

Excludes local chapter membership dues. See Section 2 for a listing of local chapter dues. Some local chapters may charge an additional application fee. Your local Chapter's Membership Chair will contact you if there is an additional amount due. In subsequent years you will automatically be billed for local and International membership dues by IRWA headquarters.

NOTE: Please visit IRWA's web site (www.irwaonline.org) for a geographical listing of IRWA local chapters

Section 2

Local Chapter Dues (United States Chapters)

Chapter	Dues Amount	Chapter	Dues Amount	Chapter	Dues Amount
1	\$ 20.00	23	\$ 10.00	47	\$ 30.00
2	\$ 20.00	24	\$ 20.00	49	\$ 25.00
3	\$ 25.00	25	\$ 10.00	50	\$ 20.00
4	\$ 25.00	26	\$ 15.00	51	\$ 20.00
5	\$ 20.00	27	\$ 10.00	52	\$ 10.00
6	\$ 12.00	28	\$ 25.00	53	\$ 10.00
7	\$ 15.00	31	\$ 30.00	55	\$ 27.50
8	\$ 20.00	32	\$ 42.00	56	\$ 10.00
9	\$ 14.00	33	\$ 15.00	57	\$ 20.00
10	\$ 15.00	35	\$ 35.00	64	\$ 5.00
11	\$ 20.00	36	\$ 20.00	67	\$ 25.00
12	\$ 25.00	37	\$ 25.00	70	\$ 10.00
13	\$ 20.00	38	\$ 25.00	71	\$ 10.00
14	\$ 10.00	39	\$ 0.00	72	\$ 25.00
15	\$ 15.00	39A	\$ 0.00	73	\$ 20.00
16	\$ 20.00	40	\$ 25.00	74	\$ 10.00
17	\$ 21.00	41	\$ 20.00	75	\$ 20.00
18	\$ 25.00	42	\$ 25.00	77	\$ 10.0
19	\$ 10.00	43	\$ 35.00	78	\$ 25.00
20	\$ 26.00	44	\$ 10.00	82	\$ 10.00
21	\$ 14.00	45	\$ 12.00		
22	\$ 25.00	46	\$ 20.00		

Total International Dues (See Section 1 Above) _____

Total Local Chapter Dues (See Section 2 Above) _____

Grand Total _____

Credit Card Payment Information (Please Check Appropriate Box Below)

AMEX VISA MC DISCOVER WIRE TRANSFER

Credit Card Number _____

Expiration Date _____

Name on Credit Card _____

Card Holders Signature _____

Date _____

Approval to Charge Total (Box Must Be Checked)

Applicant's Name _____

Date _____

Applicant's Signature _____

Payment Method	
Payment by Credit Card	You can fax, e-mail or mail your completed form to the address below.
Payment by Check	Mail full payment with your application (Make a copy for your records).
Company Invoice	If your employer requires an invoice, please contact IRWA Member Services.
Payment By Wire Transfer	Please contact us for Wire Transfer Instructions
Question?	
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
 Trade Show
 Professional Associate
 Other _____

Chapter Approval (Chapter Secretary or Membership Chair)

Print Name _____

Date _____

Signature _____

FOR IRWA USE ONLY

Date Received _____

Date in netForum _____

Date Approved _____

Date on PM List _____

Membership # _____

Verified By _____