MEMBERSHIP APPLICATION

JOIN ONLINE AT WWW.IAPMOMEMBERSHIP.ORG

CHECK THE CLASS OF MEMBERSHIP FOR WHICH YOU ARE APPLYING.			
1. Regular	**1 Year**	**2 Year (10% savings)**	**3 Year (15% savings)**
A. ☐ Governmental -1 (1 to 25,000 pop.)	☐ $250.00	☐ $450.00	☐ $637.50
☐ Governmental -2 (25,001 to 50,000 pop.)	☐ $300.00	☐ $540.00	☐ $765.00
☐ Governmental -3 (50,001 to 300,000 pop.)	☐ $350.00	☐ $630.00	☐ $892.50
☐ Governmental -4 (over 300,000 pop.)	☐ $400.00	☐ $720.00	☐ $1,020.00
B. ☐ Individual	☐ $100.00	☐ $180.00	☐ $255.00
2. ☐ International***	☐ $50.00	☐ $90.00	☐ $127.50
NOTE: Items 3 – 6 below do not qualify for multi-year member dues.			
3. ☐ Organization*****	☐ $500.00	☐ $1,000.00	☐ $1,500.00
4. ☐ Senior*	☐ $35.00	☐ $70.00	☐ $105.00
5. ☐ Student/Apprentice**	☐ $35.00	☐ $70.00	☐ $105.00
6. ☐ eMember****	☐ $30.00	☐ $60.00	☐ $90.00

Per section 6003(e) of the Internal Revenue Code, 100% of the membership dues are allocated to lobby expenditures and therefore not tax deductible as business expense.

PLEASE PRINT LEGIBLY OR TYPE

First Name: _____ Last Name: _____ Date of Birth: ___ / ___ /___ *(used for senior membership eligibility)*

Company Name (optional): _____ Title/Position: _____

Address: _____ City: _____ State: _____ Zip+4: _____

Daytime Phone: _____ Cell No.: _____ E-mail: _____

METHOD OF PAYMENT (PLEASE COMPLETE)

☐ American Express ☐ Master Card ☐ Visa ☐ Check ☐ Money Order ☐ Invoice Me

Credit Card No.: _____ Exp. Date: _____ CVC No.: _____

Billing address *(if different than listed above)* _____

Signature as shown on Credit Card: _____ Date: _____

The CVC number is the last 3 digits located on the back of Master Card and Visa. American Express cards, the CVC number is a printed (NOT embossed) group of four digits on the front towards the right.

PLEASE MAKE CHECKS PAYABLE TO: IAPMO
4755 E. PHILADELPHIA ST, ONTARIO, CA 91761-2816 | 800.854.2766 PRESS OPTION 6 | E: MEMBERSERVICES@IAPMO.ORG

IWSH VOLUNTARY DONATION

☐ $5 ☐ $10 ☐ $25 ☐ Other: $_____

For more information or to make a tax-deductible donation, please visit us at **www.IWSH.org**. IWSH is a 501(c)(3) charitable foundation.

ADDITIONAL INFORMATION

How would you like to receive the *Official* magazine? ☐ Print *(Not available for International membership)* ☐ Online *(Electronic version)*

How would you like to receive your membership renewal invoice notification? ☐ via Email ☐ via US mail *(not available for International membership)*

MEMBER REVIEW (PLEASE COMPLETE)

YOUR FEEDBACK MATTERS!

We invite you to participate in our brief IAPMO Membership survey to help us enhance our services. It will take a few minutes of your time and help us greatly. We recognize that we can only fully serve IAPMO's mission if we actively promote and prioritize inclusion, belonging, and accessibility and the survey responses will help IAPMO plan programs, products, and events.

If you are completing this survey on behalf of someone else, please provide responses applicable to the member on record. For Organization and Government members, provide responses on behalf of the Voting Member on record.

PROFESSIONAL FIELDS:

☐ Inspector ☐ Apprentice ☐ Plumber ☐ Pipe Fitter ☐ Plumbing or Mechanical Contractor ☐ HVAC Technician/Professional
☐ Engineer ☐ Architect ☐ Manufacturer Representative ☐ Trade School Instructor ☐ Industry Association Representative
☐ Other _____

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(CONTINUED)

EXPERIENCE:
☐ 10+ years of experience ☐ 4-9 years of experience ☐ 1-3 years of experience

AGE:
☐ 29 or younger ☐ 30-49 ☐ 50-69 ☐ 70+ ☐ Prefer not to answer

GENDER AND/OR GENDER IDENTITY:
☐ Female ☐ Male ☐ Gender variant/non-conforming ☐ Transgender female ☐ Transgender male ☐ Other Not Listed Here
☐ Prefer not to answer

PRIMARY LANGUAGE SPOKEN AT HOME:
☐ English ☐ Spanish ☐ Chinese ☐ Tagalog ☐ Vietnamese ☐ Arabic ☐ Other _____ ☐ Prefer Not to Answer

ARE YOU A US VETERAN?:
☐ Yes ☐ No ☐ Prefer Not to Answer

WHAT IS THE MOST EFFICIENT WAY TO CONTACT YOU?:
☐ Phone ☐ Email

HOW DID YOU HEAR ABOUT IAPMO?:
☐ Colleague ☐ Publication ☐ Web Search ☐ Trade School ☐ Event ☐ Other _____

* To qualify for a senior membership, applicants must be 62 years of age or older.
** Must be a full-time student or apprentice. **Must include a current copy of your student ID card, recent transcript, or enrollment.**
*** Outside U.S. and Canada – Membership materials in electronic format only.
**** Membership materials in electronic format only. Ineligible for membership-level pricing.
***** The IAPMO Organizational Member and ASSE Sustaining member are recognized as product manufacturers, national or international institutes, societies, trade or professional associations, and associations or organizations affiliated with the plumbing, mechanical, water treatment and construction fields desiring to recognize, advance, and support the Associations and its purposes. An IAPMO Organizational Member and ASSE Sustaining member shall have one (1) vote in the affairs of both the Associations and shall pay dues as determined in accordance with the Bylaws of both IAPMO and ASSE. The member shall designate in writing one (1) person to exercise its one (1) vote in both associations in a manner prescribed by the Boards of Directors.