

IPMAAC MEMBERSHIP APPLICATION

Please complete the following information and return with appropriate method of payment to IPMA-HR:

Fax: (703) 684-0948

Mail: 1617 Duke Street, Alexandria, VA 22314

Select Membership Category

(check one)

- IPMAAC - \$75

- I am a current member of IPMA-HR and would like to add IPMAAC to my membership for \$50.

IPMA-HR Member ID

- Student - \$10

Contact Information:

Name: _____

Title: _____

Agency: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Fax: _____

IPMAAC Membership Benefits

- *Assessment Council News* – bimonthly publication
- *IPMA-HR Bulletin* – weekly electronic newsletter
- Electronic Communication Network – listserv to exchange information
- Members Discounts
 - Annual Conference
 - Seminars/Workshops

Method of Payment:

Check (in U.S. Funds Only) *payable to IPMA-HR*

- Visa
- MasterCard

Account # _____

Expiration Date _____

Name on Card (print) _____

Signature of Cardholder _____

IPMAAC2008

Solutions for Public HR Excellence

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