



# Membership Application Form

Chapter # \_\_\_\_\_ Region # \_\_\_\_\_ Date \_\_\_\_\_

Gender  Male  Female 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](http://www.irwaonline.org) for information.

**Section 1**

**U.S. International Membership Dues Rates**

Month Joined	New Member	Application Fee	Total
(Jan-Feb-March)	\$ 225.00	\$ 25.00	\$ 250.00
(Apr-May-Jun)	\$ 168.75	\$ 25.00	\$ 193.75
(Jul-Aug-Sep)	\$ 93.75	\$ 25.00	\$ 118.75
(Oct-Nov-Dec and New Year)	\$ 225.00	\$ 25.00	\$ 250.00

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](http://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	\$ 35.00	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	78	\$ 25.00
19	\$ 10.00	43	\$ 35.00	82	\$ 10.00
20	\$ 26.00	44	\$ 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	
<b>Payment by Credit Card</b>	You can fax, e-mail or mail your completed form to the address below.
<b>Payment by Check</b>	Mail full payment with your application (Make a copy for your records).
<b>Company Invoice</b>	If your employer requires an invoice, please contact IRWA Member Services.
<b>Payment By Wire Transfer</b>	Please contact us for Wire Transfer Instructions
<b>Question?</b>	
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  
 E-mail     Trade Show     Professional Associate  
 Other     IRWA Ad

**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 \_\_\_\_\_