Welcome to our Chapter and Association; please complete this form and, if necessary, submit payment.

**YOUR INFORMATION:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | | | First Name: | | | | MI: |
|  | | | | | | | | |
| Home Mailing Address: | | | | | | | | |
| City: | State: | | Zip: | | | Work Phone: | | |
|  | | | | | | | | |
| Employee ID # | | Work Section #: | | | | | Work Location #: | |
|  | | | | | | | | |
| Job Title: | | | | | Home/Work Email Address: | | | |

**DUES PAYMENT –**

*Dues are $96 and include membership in the International Association, the Oregon Chapter, and your local Subchapter. How would you like to pay your dues?*

**AGENCY PAID**: ($8 per month) In order for my dues to be paid for by the Employment Department. Supervisor Initials: .

**PAYROLL DEDUCTION**: ($8 per month) Pursuant to ORS 292.055 and until further notice from me in writing, I request my employer to deduct monthly from my salary, wages or other sums due me by virtue of my employment, the amount of my dues in the Oregon Chapter, associate subchapter and the International Association of Workforce Professionals as provided in the Oregon Chapter Bylaws and disburse same to the Oregon Chapter IAWP Treasurer or other designee.

**MANAGEMENT SERVICE**: (Agency Paid) Pursuant to EDB E 24-(I) and until further notice from me, I request the Employment Department disburse to the Oregon Chapter IAWP Treasurer or other designee, the amount of my annual dues in the Oregon Chapter, associate subchapter and the International Association of Workforce Professionals as provided in the Oregon Chapter Bylaws. (Check): since the agency will now be paying my dues, please discontinue my monthly payroll deduction of dues.

**DUES ENCLOSED** ($96 year) Make checks out to IAWP and attach to application

**RETIREE MEMBER**: Cash Payment of dues enclosed $25 year or $96 year for full membership

**NON-EMPLOYMENT DEPARTMENT MEMBER** Cash payment of dues enclosed ($96 year)

**Other** (OEC, etc.) (Please Specify):

|  |  |
| --- | --- |
| Your signature: . | Date:      . |
|  | |

**Recruited by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_