



# IAWP-Oregon Chapter MEMBERSHIP FORM

Name	
Employer	
Section (OED Only)	
Work Email	
Home Email	
Preferred Email	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Both
Home Address	
Home Phone	

*IAWP only uses membership contact information to communicate with members. IAWP does not sell your contact information to other organizations.*

## Membership Options

Premium Annual Membership (\$124)

Retiree Membership (\$74)

**Payment Options** *Want to join using a credit card or by having us invoice your employer? Please join online at [www.iawporegon.org](http://www.iawporegon.org).*

I am an employee of the Oregon Employment Department; invoice OED for my dues.

Pay in by check; make payable to IAWP-Oregon Chapter and include with this form.

By signing below, I agree that I am joining the International Association of Workforce Professionals (IAWP) and the IAWP-Oregon Chapter.

Signature \_\_\_\_\_

Date \_\_\_\_\_