

# MEMBERSHIP APPLICATION

JOIN ONLINE AT [WWW.IAPMOMEMBERSHIP.ORG](http://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. <input type="checkbox"/> Governmental -1 (1 to 25,000 pop.)	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$637.50
<input type="checkbox"/> Governmental -2 (25,001 to 50,000 pop.)	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$540.00	<input type="checkbox"/> \$765.00
<input type="checkbox"/> Governmental -3 (50,001 to 300,000 pop.)	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$630.00	<input type="checkbox"/> \$892.50
<input type="checkbox"/> Governmental -4 (over 300,000 pop.)	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$720.00	<input type="checkbox"/> \$1,020.00
B. <input type="checkbox"/> Individual	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$180.00	<input type="checkbox"/> \$255.00
2. <input type="checkbox"/> International***	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$127.50
<b>NOTE: Items 3 - 6 below do not qualify for multiyear member dues.</b>			
3. <input type="checkbox"/> Organization*****	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$1,500.00
4. <input type="checkbox"/> Senior*	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$105.00
5. <input type="checkbox"/> Student/Apprentice**	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$105.00
6. <input type="checkbox"/> eMember****	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$90.00

- \* 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.

## PLEASE PRINT LEGIBLY OR TYPE

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

\*Gender: \_\_\_\_\_ Company Name (optional): \_\_\_\_\_ Title/Position: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

\*Daytime Phone: \_\_\_\_\_ Cell No.: \_\_\_\_\_ \*E-mail: \_\_\_\_\_

How did you hear about IAPMO? \_\_\_\_\_

### PROFESSIONAL FIELDS:

- |   |  |  |   |   |                                 |                                    |
|---|--|--|---|---|---------------------------------|------------------------------------|
| <input type="checkbox"/> Backflow/Cross-Connection Prevention | <input type="checkbox"/> Bookstore               | <input type="checkbox"/> Drain & Sewer | <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Gas                | <input type="checkbox"/> HVAC/R | <input type="checkbox"/> Hydronics |
| <input type="checkbox"/> Mechanical                           | <input type="checkbox"/> Plumbing                | <input type="checkbox"/> Professional  | <input type="checkbox"/> Refrigeration  | <input type="checkbox"/> Research & Testing |                                 | <input type="checkbox"/> Retired   |
| <input type="checkbox"/> Water Filtration                     | <input type="checkbox"/> Water Heating Equipment |  | <input type="checkbox"/> Welding        | <input type="checkbox"/> Other _____        |                                 |                                    |

### SPECIALTY FIELDS:

- |   |  |   |  |  |
|---|--|---|--|--|
| <input type="checkbox"/> Apprentice                                       | <input type="checkbox"/> Architect         | <input type="checkbox"/> Building Official            | <input type="checkbox"/> Commercial, Industrial or Institutional | <input type="checkbox"/> Contractor            |
| <input type="checkbox"/> Educator (Instructor, Professor)                 | <input type="checkbox"/> Estimator         | <input type="checkbox"/> Inspector                    | <input type="checkbox"/> Journeyman (Installer)                  | <input type="checkbox"/> Legal                 |
| <input type="checkbox"/> Manufacturer                                     | <input type="checkbox"/> Marketing (sales) | <input type="checkbox"/> Plans Examiner               | <input type="checkbox"/> Plumbing/Mechanical Engineer            | <input type="checkbox"/> Professional Engineer |
| <input type="checkbox"/> Public Service (Commissioner, Government Agency) | <input type="checkbox"/> Remodeling        | <input type="checkbox"/> Residential Construction     |  | <input type="checkbox"/> Service & Repair      |
| <input type="checkbox"/> Sheet Metal                                      | <input type="checkbox"/> Student           | <input type="checkbox"/> Supplier (Wholesaler-dealer) |  | <input type="checkbox"/> Other _____           |

## 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, please visit us at [www.IWSH.org](http://www.IWSH.org). IWSH is a 501(c)(3) charitable foundation. Contributions are tax deductible.

### 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 availabl for International membership)