



# 2018 Membership Application Form

Chapter # \_\_\_\_\_ Region # \_\_\_\_\_  Member at Large Date \_\_\_\_\_

Gender \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Birthday \_\_\_\_\_  
Month/Day/Year

Preferred Mailing Location (Please Check One)  Office  Home

## Right of way Specialties (Rank all that apply numerically with #1 as primary) (Optional)

- |                      |                               |                        |
|----------------------|-------------------------------|------------------------|
| ___ Appraisal        | ___ Local Public Agency       | ___ Transportation     |
| ___ Asset Management | ___ Negotiations/Acquisitions | ___ Utilities/Wireless |
| ___ Engineering      | ___ Pipeline                  | ___ Valuation          |
| ___ Environmental    | ___ Relocation                | ___ Young Professional |
| ___ Law              | ___ Surveying                 |                        |

Highest Education Level (Please check one)  High School  College  Advanced Degree

## Employer Information

Company Name \_\_\_\_\_

Job Title \_\_\_\_\_ Year Entered Profession \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Company Website \_\_\_\_\_

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  Yes  No 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 more information

Print Name \_\_\_\_\_

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

Month Joined	New Member	Application Fee	Total
(Jan-Feb-Mar)	\$ 225.00	\$ 25.00	\$ 250.00
(Apr-May-Jun)	\$ 168.75	\$ 25.00	\$ 193.75
(Jul-Aug-Sep)	\$ 112.50	\$ 25.00	\$ 137.50
(Oct-Nov-Dec & Next Year)	\$ 225.00	\$ 25.00	\$ 250.00

Excludes Local chapter membership dues. See Section II for a listing of local chapter dues. Some local chapters may charge an additional application fee. Your local Chapters 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 II**  
**Local Chapter Dues (United States Chapters)**

Chapter	Dues Amount	Chapter	Dues Amount	Chapter	Dues Amount
1	\$ 20.00	22	\$ 25.00	46	\$ 20.00
2	\$ 20.00	23	\$ 10.00	47	\$ 30.00
3	\$ 25.00	24	\$ 20.00	49	\$ 25.00
4	\$ 25.00	25	\$ 10.00	50	\$ 20.00
5	\$ 20.00	26	\$ 15.00	51	\$ 20.00
6	\$ 12.00	27	\$ 10.00	52	\$ 10.00
7	\$ 15.00	28	\$ 25.00	53	\$ 10.00
8	\$ 20.00	31	\$ 30.00	56	\$ 10.00
9	\$ 14.00	32	\$ 42.00	57	\$ 20.00
10	\$ 15.00	33	\$ 15.00	64	\$ 5.00
11	\$ 20.00	35	\$ 35.00	67	\$ 25.00
12	\$ 25.00	36	\$ 20.00	71	\$ 10.00
13	\$ 20.00	37	\$ 25.00	72	\$ 25.00
14	\$ 10.00	38	\$ 35.00	73	\$ 20.00
15	\$ 15.00	39	\$ 0.00	74	\$ 10.00
16	\$ 20.00	40	\$ 25.00	78	\$ 25.00
17	\$ 21.00	41	\$ 20.00	82	\$ 10.00
18	\$ 25.00	42	\$ 25.00		
19	\$ 10.00	43	\$ 35.00		
20	\$ 26.00	44	\$ 10.00		
21	\$ 14.00	45	\$ 12.00		

Total International Dues (See Section I above) \_\_\_\_\_

Toal Local Chapter Dues (See Section II 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 \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**Payment Method**

**Payment by Credit Card** You can fax, e-mail or mail you completed form to the address below.

**Payment by Check** Mail full payment with your application (Make copy for your records).

**Company Invoice** If your employer requires an invoice, please contact IRWA Member Services.

**Payment by Wire Transfer** Please contact us for WireTransfer Instructions.

**Question?**

If you have any questions, 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  
 IRWA Ad  Other \_\_\_\_\_

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