



IARP Corporate Discount Membership Application

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____ Title: _____
 Phone: _____ Fax: _____
 Email: _____

Please submit separate applications* for each employee enrolling in IARP.

Available Individual Membership Categories

- Individual Professional Membership (IP)
- Associate Membership (AM)
- Student Membership (ST)

Number of Enrolled Employees	Discount Levels
10 to 20 members	\$20.00 per member
21 to 30 members	\$30.00 per member
31 or more members	\$40.00 per member

Number of applications enclosed:

Member Name	Membership Category	Dues Amount	Chapter Dues	Section Dues	Discount	Total
Total enclosed amount						

***To qualify for discount all applications must be submitted at one time with this corporate membership form.** By signing this application, I verify that the information provided is accurate and that we have read and meet the requirements of the discount corporate membership program.

Signature: _____ Date: _____