



**SUNNY ISLES CHAPTER
APPLICATION FOR MEMBERSHIP**

DEFINITION, QUALIFICATIONS, TYPES OF MEMBERSHIP AND DUES:

Definition:

Administrative Professional – Administrative Professionals shall be defined as individuals who are responsible for administrative tasks and coordination of information in support of an office-related environment and who are dedicated to furthering their personal and professional growth in their chosen profession.

Qualifications at the time of admission for membership shall be:

A person who is, or within the last two (2) years has been employed as an Administrative Professional; or
A person who has attained the Certified Professional Secretary® (CPS®) rating or Certified Administrative Professional rating (CAP®); or
A teacher who is employed in the teaching of business education.

Certified Professional Secretary® or Certified Administrative Professional® - a CPS® or CAP® recipient is one who has passed the examination administered by the Institute for Certification, a department of IAAP.

Types of Membership:

Select the membership option that best serves your need

	Processing Fee	+	Chapter Dues	=	Total
<input type="checkbox"/> Professional: A currently employed (or within the last two years) as an administrative professional or who has attained the CPS or CAP rating or an employed teacher of business education.	\$10	+	\$27	=	\$37.00
<input type="checkbox"/> Student: Enrolled as a student of business education. Shall not extend beyond four years.	N/A	+	\$6	=	\$6
<input type="checkbox"/> Associate: individual, firm, or educational institution, which sustains the objectives of IAAP.	\$20	+	\$15	=	\$35

Processing Fee (one time payment)

Annual Renewals: Int'l. + Chapter + Division = Total

Chapter Name tag (one time fee)

Reinstatement: Int'l. + Chapter + Division + Processing = Total

Name: First _____ Middle Initial ____ Last _____ Title _____ Date of Birth ____/____/____
D M Y

Company _____ Immediate Supervisor _____ Title _____

Length of time with employer _____ Length of time with immediate supervisor _____ Years in Profession _____

***Please ✓ address preference for Association mail**

*Bus. Street Address _____ P.O. Box _____ Bus. Phone/Fax _____/_____

*Res. Street Address _____ P.O. Box _____ Res. Phone/Fax _____/_____

Gender of applicant: Female Male E-mail _____

Highest Degree Attained: High School Diploma Some College AA BA/BS Some Graduate Work Master's Other

What do you hope to achieve by being a member of The Sunny Isles Chapter of IAAP?

Did a Member of this Association sponsor (recruit) you? Yes No

If yes, please give Member's name: _____

I declare that qualifications for membership have been met. Yes No

Signature of Applicant _____ Date _____

I verify that _____ is employed with this company/organization.

Signature of Employer _____ Date _____

**A separate International Application must also be completed and submitted
Payment required for processing**

PLEASE ENSURE THE FOLLOWING ARE SUBMITTED WITH THE APPLICATION:

- ✓ **Copy of typed Resumé including named references**
- ✓ **Your cheque/draft payable to: Sunny Isles Chapter, IAAP**
- ✓ **Or cash payment**
- ✓ **Passport size photo**

FOR CHAPTER USE ONLY	
Member Type:	_____
Date Joined:	_____ Exp Date: _____
Chapter Dues Paid	\$ _____
Processing fee	\$ _____
Int'l. Dues Paid	\$See form
Int'l. Processing Paid	\$See form
Division Dues Paid	\$See form
Total amount paid	\$ _____
Picture submitted	
Resumé submitted	
<input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque/draft <input type="checkbox"/> Cash	
Approved by Membership Committee	

Chairperson	
Approved by Board of Directors	

President	
