



SUNNY ISLES CHAPTER

APPLICATION FOR MEMBERSHIP

DEFINITION, QUALIFICATIONS, TYPES OF MEMBERSHIP AND DUES:

Definition:

IAAP defines administrative professionals 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 & Pins	+	Chapter Dues	+	Int'l Processing	+	Int'l Dues	+	Division 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	+	\$15	+	\$78	+	\$8.00	= \$138
<input type="checkbox"/> Student: Enrolled as a student of business education. Shall not extend beyond four years.	N/A	+	\$6	+	N/A	+	\$40	+		= \$
<input type="checkbox"/> Associate: individual, firm, or educational institution, which sustains the objectives of IAAP.	\$20	+		+	\$15	+	\$140	+		= \$

Processing Fee (one time payment)
Chapter Pins (one time fee)

Annual Renewals: Int'l + Chapter + Division = Total
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 Resume including named references**
- ✓ **International Dues may be paid by credit card**
- ✓ **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 & Pins Paid	\$ _____
Int'l Dues Paid	\$ _____
Int'l Processing Paid	\$ _____
Division Dues Paid	\$ _____
Total amount paid	\$ _____
Picture submitted	
Resume submitted	
<input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque/draft <input type="checkbox"/> Cash	
Approved by Membership Committee	

Chairperson	
Approved by Executive Committee	

President	