



# MEMBERSHIP APPLICATION FORM

Chapter # \_\_\_\_\_ Region # \_\_\_\_\_ (If Unknown, Please Leave Blank) Today's Date \_\_\_\_\_

Family Member Belonging to IRWA \_\_\_\_\_ Chapter # \_\_\_\_\_ # Years in IRWA \_\_\_\_\_  
Name  Mr.  Mrs.  Ms. \_\_\_\_\_ Nickname \_\_\_\_\_  
(First / MI /Last Name)

Home Address \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Month/Day/Year)  
Preferred Mailing Location (Please Check One)  Office  Home

### Right of Way Specialties (Rank All That Apply Numerically With #1 As Primary)

Appraisal	Asset Management	Engineering	Environmental	Law
Local Public Agency	Negotiations/Acquisition	Pipeline	Relocation	Surveying
Transportation	Utilities/ Wireless	Valuation		

Job Title \_\_\_\_\_ Year Entered Profession \_\_\_\_\_  
Highest Education Level ( Please Check One)  High School  College  Advanced Degree

**Employer Information** Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Employer Website Address \_\_\_\_\_

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 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 information.

**SECTION 1**  
**U.S. INTERNATIONAL MEMBERSHIP DUES RATES**

Quarter	New Member	Application Fee	* Total
1st (Jan-Feb-Mar)	\$ 205.00	\$ 25.00	\$ 230.00
2nd (Apr-May-Jun)	\$ 153.75	\$ 25.00	\$ 178.75
3rd (Jul-Aug-Sep)	\$ 102.50	\$ 25.00	\$ 127.50
4th and New Year	\$ 205.00	\$ 25.00	\$ 230.00

\* Excludes local chapter membership dues. See Section 2 for a listing of local chapter dues. Some local chapters may charge an additional application fee. Your local Chapter's 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 2**  
**ANNUAL LOCAL CHAPTER DUES**  
**UNITED STATES CHAPTERS**

Chapter	Dues Amount
1	\$ 20.00
2	\$ 10.00
3	\$ 15.00
4	\$ 25.00
5	\$ 20.00
6	\$ 12.00
7	\$ 15.00
8	\$ 20.00
9	\$ 14.00
10	\$ 15.00
11	\$ 20.00
12	\$ 25.00
13	\$ 20.00
14	\$ 10.00
15	\$ 15.00
16	\$ 20.00
17	\$ 21.00
18	\$ 15.00
19	\$ 10.00
20	\$ 26.00
21	\$ 14.00
22	\$ 10.00

Chapter	Dues Amount
23	\$ 10.00
24	\$ 20.00
25	\$ 10.00
26	\$ 10.00
27	\$ 10.00
28	\$ 0.00
31	\$ 30.00
32	\$ 42.00
33	\$ 15.00
35	\$ 5.00
36	\$ 20.00
37	\$ 15.00
38	\$ 25.00
39	\$ 0.00
39A	\$ 0.00
40	\$ 20.00
41	\$ 20.00
42	\$ 25.00
43	\$ 25.00
44	\$ 10.00
45	\$ 12.00
46	\$ 20.00

Chapter	Dues Amount
47	\$ 20.00
49	\$ 25.00
50	\$ 10.00
51	\$ 20.00
52	\$ 10.00
53	\$ 10.00
55	\$ 15.00
56	\$ 10.00
57	\$ 20.00
64	\$ 5.00
67	\$ 25.00
70	\$ 10.00
71	\$ 10.00
72	\$ 25.00
73	\$ 20.00
74	\$ 10.00
75	\$ 20.00
76	\$ 10.00
77	\$ 10.00
78	\$ 25.00
82	\$ 10.00
83	\$ 0.00

Total International Dues (See Section 1 Above)	
Total Chapter Dues (See Section 2 Above)	
<b>GRAND TOTAL</b>	

Credit Card Payment Information (Please Check Appropriate Box Below)

AMEX  Visa  M/C  Discover  Wire Transfer

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval to Charge Total (Box Must be Checked)

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Payment Information:

**Payment by Credit Card**

You can either fax, e-mail or mail the application to the address below.

**Payment by Check**

Mail full payment with your application (*Make a 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 Wire Transfer instructions.

**Questions?**

If you have any questions about membership, 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  IRWA Ad

E-mail  Tradeshow  Professional Associate

Other \_\_\_\_\_

Chapter Approval (**Chapter Secretary or Membership Chair**)

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

Signature \_\_\_\_\_ Date \_\_\_\_\_