



IAP2 Membership Application

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State / Province: _____ Country: _____ Postal Code: _____

Email: _____ Phone: _____

Profile: Please provide a short (25 words or fewer) profile summarizing your public participation involvement.

Membership Type:

- Individual / Full Member \$135.00 USD per year
- Student / Developing Country Member \$40.00 USD per year
- Small Group Member (5 members) \$650.00 USD per year
- Large Group Member (10 members) \$1,250.00 USD per year
- Lifetime Member \$1,350.00

Please note: memberships processed via credit card are subject to a 4% processing fee

Payment Details:

Membership dues must be paid in USD. Visa, MasterCard only.

Credit Card Number:	
Expiration Date:	
Card holder Name:	
Amount Authorized:	
Check Number:	

Permission:

By submitting this application, I consent to receive communications sent by or on behalf of IAP2 via postal mail, E-mail, telephone or fax.

International Association for Public Participation

13762 Colorado Blvd. Suite 124 PMB 54

Thornton, CO USA 80602

Phone: 1-800-644-4273 or 1-303-254-5642

Fax: 1-303-255-2382

E-mail: iap2hq@iap2.org

Web: www.iap2.org

