



Arizona Chapter of the IAAO

Membership Application

Please complete all information and one form per member.

Membership request for the calendar year:

Date:

First Name:

Last Name:

Jurisdiction/Firm:

Job Title:

Mailing Address 1:

Mailing Address 2:

City:

State:

Zip Code:

Email:

Phone:

I am currently a member of the IAAO: Yes No

Current IAAO designation(s): CAE RES MAS AAS PPS CMS Not applicable

In pursuit of IAAO designation(s): CAE RES MAS AAS PPS CMS Not applicable

Please answer the following (optional):

Would you be interested in serving on a committee? If so, which?

Executive Education/Program Nominating Membership Bruce Belon Scholarship

What educational topics would you like offered by the Chapter?

Only members of the Arizona Chapter of the International Association of Assessing Officers (referred to hereinafter as "IAAO", "the IAAO" or "the association") in good standing may hold elected office and vote in chapter elections.

The Arizona Chapter of the IAAO shall not discriminate against any person based on a person's national origin, race, color, religion, disability, sex, and familial status.



Arizona Chapter of the IAAO

Annual Dues:

The annual chapter dues, independent of IAAO dues, are payable by January 31st for the full year (January 1st thru December 31st).

Chapter Membership: \$30 for 1 Year or \$50 for 2 Years

Included is _____ for membership in the Arizona Chapter of the IAAO.

Please make checks payable to: AZ Chapter of IAAO

Paying membership dues via paypal?- email iaaoaz@gmail.com for instructions

I hereby apply for membership with the Arizona Chapter of the International Association of Assessing Officers.

Signature: _____

Date: _____

Please return payment to:

Arizona Chapter of the IAAO
Attn: Dennise Jones
37164 Yacht Club Dr
Parker, AZ 85344

Chapter website: www.aziaao.org
Federal ID Number: 86-0796090
Questions or Concerns? iaaoaz@gmail.com