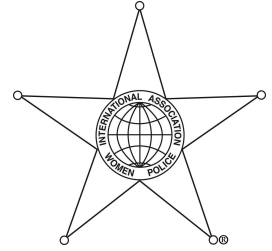


International Association of Women Police Member Application & Renewal Form

Date:.....

Disclosure - Verification of employment and/or position may be undertaken prior to being accepted for membership.

Privacy Notice link. Information requested below is optional to join or renew. However, if you do not provide basic contact information including an email address, we cannot provide you with membership.



THIS FORM IS USED TO JOIN, RENEW OR DONATE BY MAIL WITH CHECK

Family/Last/Surname :.....

First Name :..... **Middle Name** :.....

Status ___Active ___Retired ___Affiliate ___Corporate **Membership** ___New ___Renewal

Rank/Title/Position _____

Organization Name _____

Mailing Address: _____

Country: _____

Email Address _____

(a link to the magazine online as well as to the members only web site will be emailed to this address)

Membership Fee Schedule

Period	Type	Amount (USD only)	Tick choice
1 Year Membership	Membership	\$40	
2 Year Membership	Membership	\$70	
1 Year Membership	Developing Country*	\$25	
2 Year Membership	Developing Country*	\$40	
1 Year Associate	Membership	\$40	
2 Year Associate	Developing Country*	\$40	
1 Year Membership	Affiliate Organization	\$50	
Life Membership	Life Membership	\$500	
Life Membership	Developing Country*	\$300	
1 Year Membership	Corporate	\$500	
1 Year Magazine	Magazine Subscription	\$70	
Donation	Donation to IAWP	\$ Amount	

Payment Information: All amounts must be tendered in U.S. Funds.

<p><i>Print, Complete and Mail this Form with Check to:</i> IAWP Treasurer Julie-Dee Sharkey PO Box 111412 Anchorage, AK 99511-1412 United States</p>	<p><i>For Western Union or direct money transfer, please contact the Treasurer via:</i> treasurer@iawp.org</p>
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Office Use Only: **Membership Expiry Date**.....

Comments:.....

