



Membership Application

- I hereby apply for initial membership.
- I hereby apply for renewal.
- I hereby apply for reinstatement. My membership lapsed in MM/YY: _____

 First Middle Initial Last

 Organization/Company Check this box if **not** part of mailing address

 Title

 Street Address

 City State/Country Zip/Postal Code

 Work Phone

 Home Phone Number

 Email Address

 Fax Number (if applicable)

 Web Site (if applicable)

Please place an "X" next to all that apply.

- List me in the online <ipsa> Membership Directory, but exclude the following:
 - Mailing address
 - Phone number
 - Fax number
 - Email address
- Do not include my name on lists rented to qualified advertisers.
- Do not send me <ipsa> announcements via e-mail.

MAJOR JOB FUNCTION(S) (Place an "X" next to all that apply.)

- | | | |
|-------------------------------------------------|---------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Educator | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Graphic Designer | <input type="checkbox"/> Web Designer | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Writer/Content Manager | <input type="checkbox"/> Programmer | <input type="checkbox"/> Search Engine Expert |
| <input type="checkbox"/> Other | | |

DUES - \$30 per year, renewed each January

- Application date is between Jan. 1st and June 30th – pay \$30 for current year
- Application date is between July 1st and Sept. 30th – pay \$15 for remainder of year
- Application date is between Oct. 1st and Dec. 31st – pay \$30 for this year and all of next year

Please mail this form along with your check (payable to IPSA) to:
 Internet Professionals Society of Alabama, P.O. Box 11464, Birmingham, AL 35202

By joining, you agree to abide by the <ipsa> Bylaws.

Signature _____

Date _____