



PO Box 151406
Austin, Texas 78715
Website: txipmahr.org



Name: _____
Affiliation: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Membership Period:
\$%#%#&\$% to %&# %&\$%

Membership Type: Active Associate Affiliate Cooperating Member Student/Intern Emeritus
(circle one)

Membership Fee: New (\$100) Renewal (\$100)

Member Details:

Title: _____
Email: _____
Alternate Email: _____
Office Phone: _____ Mobile Phone: _____

Please respond to each of the following items:

- Are you an IPMA-HR national member? Yes No
- Do you hold the designation of IPMA-CP? Yes No
- Do you hold the designation of IPMA-CS? Yes No
- May we release your name to outside agencies/vendors/consultants? Yes No

If interested, please indicate which Chapter committee(s) on which you would be interested in serving:

- Membership Sponsorship
- Professional Development Website

<u>Current Membership Detail</u>	
Membership Category	Annual Fee
Professional Membership	\$100.00
Valid: 1/1/2018 to 12/1/2018	
Subtotal	\$ _____
Organization Contribution (Optional)	\$ _____
Total Due	\$ _____

PAYMENT METHOD:	
<input type="checkbox"/> CHECK ENCLOSED:	<input type="checkbox"/> Company <input type="checkbox"/> Personal
Check # _____	
<input type="checkbox"/> MONEY ORDER ENCLOSED:	
Money Order # _____	
To renew your membership online with a credit card, please visit: www.txipmahr.org and sign in using your login credentials.	

Mail your membership form and payment to:
IPMA-HR Texas, PO Box 151406, Austin, TX 78715

For more information, please visit our website at: txipmahr.org