

MARYLAND CHAPTER



International Association of Workforce Professionals

2006 MEMBERSHIP REGISTRATION

January 1, 2006 – December 31, 2006

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

GENDER: _____ DOB: _____

E-MAIL Address: _____

Job Title: _____

Office Location: _____

Home Phone: _____ Work Phone: _____

Division: ___ UI ___ JS ___ Admin ___ WIA Partner ___ Other

Dues: _____ \$30.00 (Grade 12 & below) _____ \$50.00 (Grade 13 & Up)

_____ \$21.00 (Retirees) _____ \$50.00 Partners (outside DLLR)

I've been a member of IAWP since _____ (year).

Sponsor: _____

Mail to: DEPARTMENT OF LABOR, LICENSING AND REGULATION

Attn: Suzette Snyder

14 North Potomac Street, Suite 100

Hagerstown, MD 21740

***Make check payable to: **MARYLAND IAWP** ***