

MARYLAND CHAPTER



International Association of Workforce Professionals

2009 MEMBERSHIP REGISTRATION
January 1, 2009 – December 31, 2009

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL Address: _____

Job Title: _____

Office Location: _____

Home Phone: _____ Work Phone: _____

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

Dues: ___ \$30.00 (DLLR-Grade 12 & below) ___ \$50.00 (DLLR-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: Faye Gossert
14 North Potomac Street, Suite 100
Hagerstown, MD 21740

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