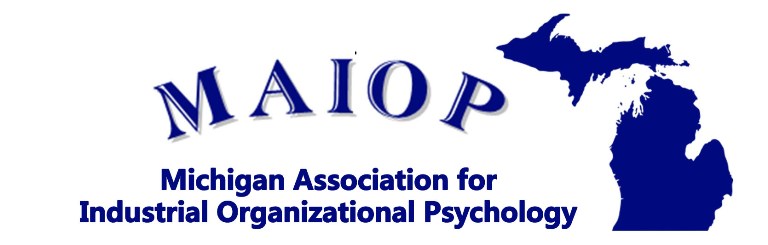
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**Membership Form**

We are updating our records and appreciate your sharing your contact information and demographic information with us so that we are able to more effectively communicate with you and understand our membership. In addition, we will add a Membership list to the Members section of the MAIOP website. This will be a contact list indicating your name, membership status, employer, and preferred e-mail and phone number. This section will be password protected to limit access to Members, Associates, and Student Members.

**Contact information**

**Name and Address**: Please indicate the address to which you prefer mailings to be sent.

|  |  |
| --- | --- |
| Name |  |
| Street address1 |  |
| Street address2 |  |
| City, State, Zip |  |

**E-mail** (Please check which address you prefer)

* Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_@ \_\_\_\_\_\_\_\_\_\_\_\_\_
* Home:­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number** (Please check which number you prefer)

* Work: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Home:­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide your **job title** and **current employer**:

Please provide us with some information regarding your educational background. **Include all programs in which you are currently enrolled.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree** | **Field/Area of Expertise** | **Degree Granting Institution** | **Year Granted or Year It Will Be Granted?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

What is your current membership status with MAIOP?

*Membership Dues Rates:*

Members and Associate Members: $50.00

Students: $30.00

Please check which best describes you.

* Applying for new membership
* Current member
* Renewing past membership