



Membership Application

Please Print

Name: (include licenses/degrees)

Home Street Address

City, State, Zip

Cell Phone including area code

Email Address (required)

Employer

Occupation

Work Street Address

City, State, Zip

Work Phone

Ext.

Work Fax

Has there ever been any ethical, legal, fraud, misrepresentation or professional malpractice claim, etc. brought against you? This includes any current investigations or disciplinary action pending. (must check one):

Yes No

Have you been denied a professional license, certification, registration, or permit?

Yes No

Have you voluntarily surrendered or resigned any professional license, certification, registration or permit?

Yes No

If you answered yes to any of the above, please explain (use additional pages if necessary – include dates, claims, and outcomes):

By signing below, I do attest that the information provided on this application is true and correct to the best of my knowledge. I am aware the iaedp™ Foundation does have the right to request additional information from me should it be needed and iaedp™ also reserves the right to refuse any application for membership.

Signature

Date

Annual Membership Dues

Individual \$195

Organizational \$1500

Full-Time Student Member \$75*

First Year Chapter Member \$125

*Must have official documentation of semester hours.

Please Print All Information

Total Membership Fees: \$ _____ Chapter Joined (if applicable) _____

Type of Credit Card: VISA MasterCard American Express Discover

Account Number: _____ Expires ____/____

Name as it appears on card: _____

Billing Address: (include street, city, state and zip)

Signature

Date

Complete and return by email to info@iaedp.com, fax to 800-800-8126, or mail to P.O. Box 1295, Pekin, IL 61555