



**IP A**  
**INFORMATIONAL DATA**  
**(FOR NEW MEMBERSHIP)**

NAME/TITLE \_\_\_\_\_

NAME OF  
BUSINESS \_\_\_\_\_

BUSINESS  
ADDRESS \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_

FAX PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME  
ADDRESS \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

NAME OF BUSINESS FRIEND \_\_\_\_\_

ADDRESS OF BUSINESS FRIEND \_\_\_\_\_

ADDRESS PREFERENCE FOR RECEIVING MAILINGS

- BUSINESS
- HOME
- OTHER PLEASE SPECIFY:

STATE WHETHER YOU ARE WILLING TO SERVE ON AN IPA BOARD OR  
AS AN IPA OFFICER \_\_\_\_\_

ALSO DESIGNATE AN IPA STANDING TASK FORCE AND/OR COMMITTEE  
IN WHICH YOU CAN SERVE \_\_\_\_\_

**MEMBERSHIP DUES: INDIVIDUAL-\$75.00    CORPORATE-\$300.00 (Three persons)**