



## Membership Application

### General Information

\* designates required field

**First Name\*** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Last Name\*** \_\_\_\_\_ **Suffix** \_\_\_\_\_

**Address 1\*** \_\_\_\_\_

**Address 2** \_\_\_\_\_

**City\*** \_\_\_\_\_ **State/Province\*** \_\_\_\_\_

**Zip/Postal Code\*** \_\_\_\_\_ **Country\*** \_\_\_\_\_

**Email Address\*** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ / **Work Phone** \_\_\_\_\_

**Mobile Phone** \_\_\_\_\_ / **Facsimile Phone** \_\_\_\_\_

### Employer Information

**Position/Title** \_\_\_\_\_

**Website** \_\_\_\_\_

### Other Information

**Education:** \_\_\_ Doctorate \_\_\_ Masters \_\_\_ MAPP \_\_\_ Other

**Areas of Interest:** \_\_\_ Communities \_\_\_ Culture and Well Being \_\_\_ Leadership  
\_\_\_ Politics and Economics \_\_\_ Positive Emotions/SWB \_\_\_ Positive Individual Traits  
\_\_\_ Positive Institutions \_\_\_ Public Policy \_\_\_ Strengths (VIA)

**Professional Area:** \_\_\_ Business/Management \_\_\_ Clinical/Counseling \_\_\_ Coaching  
\_\_\_ Consulting \_\_\_ Economics/Politics \_\_\_ Education \_\_\_ Health Exercise and Sports  
\_\_\_ Human Resources \_\_\_ Law \_\_\_ Public Sector/Gov't \_\_\_ Student \_\_\_ Pastoral Care

### Membership Options (choose one)

#### Membership Plan Term Initial Fee

Member Annual USD \$90.00 Associate Annual USD \$80.00

Affiliate Annual USD \$50.00 Student Annual USD \$30.00

Please make check payable to "IPPA"

\*\*\* must be U.S. funds drawn on a U.S. or International Bank\*\*\*

Mail check and form to IPPA Membership, 19 Mantua Road, Mt. Royal, NJ 08061; Fax: (856) 423-3420

### \_\_\_ Payment by Credit Card (Complete all fields below)

Type of Card (Circle one) Visa MasterCard AMEX

Name (as it appears on card) \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code (3 Digits Generally on reverse side of card in signature area) \_\_\_\_\_

Amount Authorized \$ \_\_\_\_\_

Signature \_\_\_\_\_