

IPMA Membership Application			
Name		Title	
Agency	Mailing Address		
Street Address		City/State/Zip	
Wk. Phone Number		E-Mail Address	
FAX Number		Referred by:	
Hold IPMA Certification	____ Yes ____ No	Member of IPMA National	____ Yes ____ No
Type of Industry			
<input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> Municipal Government <input type="checkbox"/> City/County Government		<input type="checkbox"/> Special District <input type="checkbox"/> University/School <input type="checkbox"/> Independently Employed <input type="checkbox"/> Private Industry <input type="checkbox"/>	
I elect the membership category(s) checked below: (select membership category)			
<input type="checkbox"/> Oregon Student Membership	\$15	Name of College/University:	
<i>IPMA-HR National Members</i>		<i>Non IPMA-HR National Members</i>	
<input type="checkbox"/> Individual Oregon Chapter Membership	\$35	<input type="checkbox"/> Individual Oregon Chapter Membership	\$60
<input type="checkbox"/> Agency membership (1-6 people)	\$140	<input type="checkbox"/> Agency membership (1 – 6 people)	\$290
<input type="checkbox"/> Agency membership (7 - 20 people)	\$180	<input type="checkbox"/> Agency membership (7 – 20 people)	\$680
<i>National Chapter Membership</i>			
<input type="checkbox"/> National Student Membership	\$30	Name of College/University:	
<input type="checkbox"/> Individual National Membership	\$145		
Areas of Experience (check all that apply and list years of experience)			
	Yrs of Exp.		Yrs. Of Exp.
<input type="checkbox"/> Benefits		<input type="checkbox"/> Recruitment & Selection	
<input type="checkbox"/> Classification		<input type="checkbox"/> Risk Management	
<input type="checkbox"/> Compensation		<input type="checkbox"/> Training	
<input type="checkbox"/> Employee Relations		<input type="checkbox"/> Wellness Programs	
<input type="checkbox"/> HRIS		<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> Negotiations		<input type="checkbox"/> Diversity Management	
Are you willing to be listed in a member directory as a resource for other members to contact you directly with questions in your areas of expertise? <input type="checkbox"/> YES <input type="checkbox"/> NO			
How many years have you been an IPMA Oregon Chapter member? _____			
Payment information:			
Make check payable to:	IPMA Oregon Chapter; P.O. Box 3801; Salem, OR 97302		
For questions, contact:	ipmaoregon@msn.com		