

IAEAPE Membership Application and Renewal Form
Membership Year: Jan. 1- Dec. 31, 2008

NOTE: Please list any updates for the Membership Directory on the IAEAPE Web site.

Please fill out this form and send it along with a check made out to IAEAPE for dues to:

IAEAPE
c/o John Hyatt, Treasurer
Univ. of Texas MD Anderson Cancer Center Employee Assistance Program
P.O. Box 301402
Houston, TX 77230-1402 USA
jwhyatt@mdanderson.org

Name (Last): _____ First: _____

Title _____

College/School _____

Street Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Work Telephone: () _____ Fax: () _____

E-mail Address: _____

Program Setting: ___ K-12 ___ College or University
 ___ Community College ___ Teaching Hospital

Internal vs. External: ___ Internal Provider ___ Contract or Vendor ___ Combination

Membership Dues: (If outside the U.S. please make check payable in U.S. dollars)
Tax ID #55-0734454

___ \$50 Member Dues
___ \$35 Additional Members from Same Institution
___ \$35 Member Emeritus
___ \$35 Student Members

For additional information, contact Jim Kendall, Secretary of IAEAPE and member of the Board, at (615) 936-1327. E-mail: james.kendall@vanderbilt.edu