

IAEAPE Membership Application and Renewal Form

Membership Year: Jan. 1- Dec. 31, 2010

Instructions: Please fill out this form and return it by email, fax, or mail to Jonathon Novello.

New Member?

Renewing Member?

Name (Last): _____ First: _____

Title: _____

Affiliated College/School: _____

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Work Telephone: (_____) _____ Fax: (_____) _____

E-mail Address: _____

EAP Website Address: _____

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

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

* If your employer (the organization you receive your paycheck from) is an *external provider*, or otherwise *not the school or college you are affiliated with*, please provide the name of that employer: _____

NOTE: Those not directly employed by the educational institution which they serve can be considered for membership on a case by case basis, as determined by the Board.

Membership Dues (Tax ID #55-0734454):

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

Payment: You may pay IAEAPE Dues in one of two ways:

- PayPal** – Please visit <http://www.iaepe.org/membership/application.php>
- Check** – Send check (**payable in U.S. Dollars, if outside the U.S.**) to:

Jonathon Novello
330 Olin Health Center
Michigan State University
East Lansing, MI 48824

For additional information, contact Jonathon Novello, Treasurer, at (517) 355-4509, jonathon.novello@ht.msu.edu; or Paula Gomes, Secretary, at (404) 727-7500, pgomes@emory.edu.

NOTE: Please list any updates for the Membership Directory on our web site: <http://www.iaepe.org/>