

Reset Form

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### RETIRED MEMBERSHIP APPLICATION FORM

Chapter #\*: \_\_\_\_\_ Region #\*: \_\_\_\_\_ (\* if Unknown, Please Leave Blank) Today's Date: \_\_\_\_\_

Family Member belonging to IRWA: \_\_\_\_\_ Chapter # \_\_\_\_\_ # Years in IRWA: \_\_\_\_\_

Name:  Mr.  Mrs.  Ms. \_\_\_\_\_ (First / MI /Last Name) Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_ (Street Address)  
\_\_\_\_\_  
(City) (State/Province) (Zip/Postal Code)

Home Phone: \_\_\_\_\_ Personal Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ (Month/Day/Year)

Preferred Mailing Location (Please Check One):  Office  Home

#### Right of Way Specialty (ies) (indicate as many as appropriate numerically with #1 as Primary):

- Appraisal
- Asset Management
- Engineering
- Environmental
- Law
- LPA
- Negotiations/Acquisition
- Pipeline
- Relocation
- Surveying
- Transportation
- Utilities/ Wireless
- Valuation

Job Title: \_\_\_\_\_ Year Entered Profession: \_\_\_\_\_

Highest Education Level ( Please Check One)  HS  College  Advanced Degree

**Office/Firm Information:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ (Street Address)  
\_\_\_\_\_  
(City) (State/Province) (Zip/Postal Code)

Phone: \_\_\_\_\_ Personal Fax: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Office//Firm Web Site Address: \_\_\_\_\_

Have you ever been convicted of any local, state, provincial or federal felony or indictable offense statute?  YES  NO

Have you ever been convicted of any misdemeanor or summary conviction statute, which could be perceived to reflect adversely upon your professional character, trustfulness, morality or reputation?  YES  NO

If the answer to either question is "YES", please attach a full description on a separate sheet and include with this application.

By completing this application you agree to abide by the IRWA Code of Ethics, the Ethical Rules, and the Standards of Practice of the IRWA. Visit <http://www.irwaonline.org> for more information.

Print Name : \_\_\_\_\_

**Retired member** shall be any person who has reached the age of retirement, who has retired from regular right-of-way professional activities while being an active member of a chapter of the Association, and who earns less than the sum of \$5,000.00 (U.S.) dollars per annum from any professional activity related to the right-of-way profession, for the year next preceding the date of application for retired member status, which application must be filed with such member's chapter and approved, pursuant to unanimous vote, by the chapter executive board. Retired members shall have the right to vote and to hold office. Retired member status may continue in effect so long as the retired member earns less than the sum of \$5,000.00 (U.S.) dollars per annum from right-of-way activities for any year succeeding the year of election to retired status. In the event the retired member earns greater than the sum of \$5,000.00 (U.S.) dollars per annum from right-of-way activities, such retired member must disclose that fact to his/her chapter executive board and, further, such member must comply with the Association's current rules relative to reinstatement to active membership and recertification.

U.S. RETIRED MEMBERSHIP DUES RATES (U.S. DOLLAR)

	Retired w/ magazine	Retired w/o magazine
Retired	\$ 50.00	\$ 30.00

CANADIAN RETIRED MEMBERSHIP DUES RATES (CANADIAN)

	Retired w/ magazine	Retired w/o magazine
Retired	\$ 57.50	\$ 34.50

**NOTE: Please visit IRWA's web site (<http://www.irwaonline.org>) for a geographical listing of IRWA Local Chapters**

SECTION #2

Local Chapter Dues (U.S. Dollars)  
UNITED STATES CHAPTERS

Chapter:	2009 Dues Amount:
<input type="checkbox"/> 1	\$ 20.00
<input type="checkbox"/> 2	\$ 10.00
<input type="checkbox"/> 3	\$ 15.00
<input type="checkbox"/> 4	\$ 20.00
<input type="checkbox"/> 5	\$ 20.00
<input type="checkbox"/> 6	\$ 12.00
<input type="checkbox"/> 7	\$ 15.00
<input type="checkbox"/> 8	\$ 15.00
<input type="checkbox"/> 9	\$ 14.00
<input type="checkbox"/> 10	\$ 15.00
<input type="checkbox"/> 11	\$ 20.00
<input type="checkbox"/> 12	\$ 10.00
<input type="checkbox"/> 13	\$ 20.00
<input type="checkbox"/> 14	\$ 10.00
<input type="checkbox"/> 15	\$ 15.00
<input type="checkbox"/> 16	\$ 20.00
<input type="checkbox"/> 17	\$ 21.00
<input type="checkbox"/> 17A	\$ 21.00
<input type="checkbox"/> 18	\$ 15.00
<input type="checkbox"/> 19	\$ 10.00
<input type="checkbox"/> 20	\$ 26.00
<input type="checkbox"/> 21	\$ 14.00
<input type="checkbox"/> 22	\$ 10.00

Chapter:	2009 Dues Amount:
<input type="checkbox"/> 23	\$ 10.00
<input type="checkbox"/> 24	\$ 20.00
<input type="checkbox"/> 25	\$ 10.00
<input type="checkbox"/> 26	\$ 10.00
<input type="checkbox"/> 27	\$ 10.00
<input type="checkbox"/> 28	\$ 10.00
<input type="checkbox"/> 30	\$ 10.00
<input type="checkbox"/> 31	\$ 30.00
<input type="checkbox"/> 32	\$ 42.00
<input type="checkbox"/> 33	\$ 15.00
<input type="checkbox"/> 35	\$ 5.00
<input type="checkbox"/> 36	\$ 20.00
<input type="checkbox"/> 37	\$ 15.00
<input type="checkbox"/> 38	\$ 25.00
<input type="checkbox"/> 39	\$ 0.00
<input type="checkbox"/> 39A	\$ 0.00
<input type="checkbox"/> 40	\$ 20.00
<input type="checkbox"/> 41	\$ 20.00
<input type="checkbox"/> 42	\$ 25.00
<input type="checkbox"/> 43	\$ 20.00
<input type="checkbox"/> 44	\$ 10.00
<input type="checkbox"/> 45	\$ 12.00
<input type="checkbox"/> 46	\$ 10.00

Chapter:	2009 Dues Amount:
<input type="checkbox"/> 47	\$ 20.00
<input type="checkbox"/> 49	\$ 25.00
<input type="checkbox"/> 50	\$ 10.00
<input type="checkbox"/> 51	\$ 20.00
<input type="checkbox"/> 52	\$ 10.00
<input type="checkbox"/> 53	\$ 10.00
<input type="checkbox"/> 55	\$ 15.00
<input type="checkbox"/> 56	\$ 10.00
<input type="checkbox"/> 57	\$ 20.00
<input type="checkbox"/> 64	\$ 5.00
<input type="checkbox"/> 67	\$ 25.00
<input type="checkbox"/> 68	\$ 10.00
<input type="checkbox"/> 70	\$ 10.00
<input type="checkbox"/> 71	\$ 10.00
<input type="checkbox"/> 72	\$ 25.00
<input type="checkbox"/> 73	\$ 20.00
<input type="checkbox"/> 74	\$ 10.00
<input type="checkbox"/> 75	\$ 20.00
<input type="checkbox"/> 76	\$ 10.00
<input type="checkbox"/> 77	\$ 10.00
<input type="checkbox"/> 78	\$ 25.00
<input type="checkbox"/> 82	\$ 10.00

SECTION #3  
Local Chapter Dues and GST (Canadian Dollars)  
CANADIAN CHAPTERS

Chapter:	GST %:	Chapter Dues:	Chapter / International GST ( Chapter and International Dues Multiplied by GST %)			
			1st Quarter:	2nd Quarter	3rd Quarter	4th Quarter
<input type="checkbox"/> 29 ON	5%	\$ 0.00	\$ 11.21	\$ 8.41	\$ 5.61	\$ 11.21
<input type="checkbox"/> 48 AB	5%	\$ 45.00	\$ 13.46	\$ 10.66	\$ 7.86	\$ 13.46
<input type="checkbox"/> 54 BC	5%	\$ 30.00	\$ 12.71	\$ 9.91	\$ 7.11	\$ 12.71
<input type="checkbox"/> 62 ON	5%	\$ 25.00	\$ 12.46	\$ 9.66	\$ 6.86	\$ 12.46
<input type="checkbox"/> 63 ON	5%	\$ 10.00	\$ 11.71	\$ 8.91	\$ 6.11	\$ 11.71
<input type="checkbox"/> 65 NB	13%	\$ 50.00	\$ 35.76	\$ 28.36	\$ 21.08	\$ 35.76
<input type="checkbox"/> 66 MB	5%	\$ 30.00	\$ 12.71	\$ 9.91	\$ 7.11	\$ 12.71
<input type="checkbox"/> 79 SK	5%	\$ 30.00	\$ 12.71	\$ 9.91	\$ 7.11	\$ 12.71
<input type="checkbox"/> 80 NT	5%	\$ 10.00	\$ 11.71	\$ 8.91	\$ 6.11	\$ 11.71
<input type="checkbox"/> 81 BC	5%	\$ 10.00	\$ 11.71	\$ 8.91	\$ 6.11	\$ 11.71

UNITED STATES		CANADA	
Total Chapter Dues (See Section #2 Above):		Total Chapter Dues (See Section #3 Above):	
		Total GST/HST(See Section #3 above for Quarter):	
* GRAND TOTAL			

Credit Card Payment Information (Please Check Appropriate Box below)

AMEX  Visa  M/C

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

*Please make a copy of this application for your records and mail the original to the address below. If paying by credit card, you may fax the application. Because membership applications are processed at both the local and national level, the approval process may take approximately 60 days. If complete payment is not sent with this application, your application will be returned without processing. Please contact IRWA Member Service Center at (310) 538-0233, ext. 134 or 120, should you have any questions concerning the membership process, the amount to enclose, or if your employer requires an invoice. Thank you for joining and we look forward to serving you as an IRWA member.*

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

\* Approval to Charge Grand Total (box must be checked)

Signature: \_\_\_\_\_

Referred by IRWA Member  YES  NO Name: \_\_\_\_\_

Chapter Approval: **(Chapter Secretary or Membership Chair)**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit by Email