



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