



Employee Assistance Professionals Association

Application		
<input type="checkbox"/> New Member	<input type="checkbox"/> Renewal Member	Renewal ID # _____
First Name _____ MI: _____		Last Name: _____
Degrees/Licenses/Certifications (<i>list 3 most important</i>) _____		
Company Name _____		Job Title _____
Mailing Address: <input type="checkbox"/> Home	<input type="checkbox"/> Office	
Address _____ Suite or Apt # _____		
City _____ State _____		Zip Code _____
Province _____		Country _____
Work Phone _____	Fax _____	Home _____
Email Address _____		

Affirmation of EAPA Code of Ethics:
I pledge while a member of EAPA to observe the attached EAPA Code of Ethics.
Signature _____
Date _____

Referred
by _____

Important Notice – Annual dues for Professional and Associate Members from outside the United States are divided into two tiers, based upon the World Bank’s formal categorization of national economies. Non-U.S. members can find their appropriate category reflected on the Categorization of National Economies located at: <http://www.eapassn.org/public/articles/membership/CY2007Tier1Nations.pdf>

World Bank Category	EAPA Tier
*Upper income Economies	1
**All other income categories	2

Membership Fees

Please note that your membership will not be activated until payment is received in full.

Professional	(PROF)	\$145.00	\$ _____
Non – U.S. Professional*	(PROF1)*	\$125.00	\$ _____
Non – U.S. Professional**	(PROF2)**	\$ 85.00	\$ _____
Certified Professional	(PROFC)	\$145.00	\$ _____ CEAP Expiration _____
Non – U.S. Certified Professional*	(PROFC1)*	\$125.00	\$ _____
Non – U.S. Certified Professional**	(PROFC2)**	\$ 85.00	\$ _____
Retired	(PROFR)	\$145.00	\$ _____
Non – U.S. Retired*	(PROFR1)*	\$125.00	\$ _____
Non – U.S. Retired**	(PROFR2)**	\$ 85.00	\$ _____
U.S. Associate	(ASSOC)	\$145.00	\$ _____
Non - U.S. Associate*	(ASSOC1)*	\$125.00	\$ _____
Non – U.S. Associate**	(ASSOC2)**	\$ 85.00	\$ _____
Student	(STUDENT)	\$ 50.00	\$ _____
Government Agency	(AGENCY)	\$145.00	\$ _____
Organizational	(ORGMEM)	\$345.00	\$ _____

Chapters and Fees

Required Chapter #1	ID _____	\$ _____
Chapter #2	ID _____	\$ _____
Chapter #3	ID _____	\$ _____
Chapter #4	ID _____	\$ _____
Chapter #5	ID _____	\$ _____

Chapters, Branches and Unaffiliated Members:

Chapter Development Assessment will be effective on January 1, 2007. This assessment will be charged to all U.S. members not affiliated with an existing U.S. EAPA chapter. If you are a member of one or more of chapters, you will not be charged this assessment.

No Chapter (US only)	ZZ01 Assessment	\$35.00	\$ _____
EAPA Membership and Chapter Total			\$ _____

Payment Information

Check/Money Order # _____

American Express Visa Master Card Discover

Expiration Date _____

Signature _____

Name on Card _____

Membership Dues are Non-Refundable

E-mail: mbrdatamgr@eapassn.org
 Phone: 703-387-1000 ext 334
 Fax: 703-522-4585

Mail Application Form and Payment to:

EAPA
 4350 N Fairfax Drive, Suite 410
 Arlington, VA 22203