



	2023	Membersh	ip Applic	ation	
Chapter #	Region #		Member	at Large	Date
Name				Nickname	
Address					
City		Province		Postal	Code
Home Phone			Cell Phone		
E-mail				Birthday	Month/Day/Year
Preferred Mai	ling Location (Please Ch	neck One) 🗌 C	Office 🗌 Ho	me	·
Right of wa	ay Specialties (Rank	all that apply r	numerically	with #1 as prin	nary) (Optional)
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		Employer In	formation		
Company Nar	ne				
Job Title			Ye	ear Entered Prof	ession
Address					
City		Province		Postal	Code
Work Phone			Cell Phone_		
Company Wel	bsite				

Notice and Authorization for Potential Background Check

This is to inform you International Right of Way Association (IRWA) may perform a comprehensive background check and obtain information related to your background, including, but not limited to, driving records, residence and employment history, other public records, and civil and criminal history records from any justice agency, in any or all federal, state, county jurisdictions. Information obtained by IRWA will be used only for the purpose of assessing your suitability, in accordance with the IRWA bylaws, to become a member of the IRWA.

•	Have you ever been convicted or plead no contest or guilty to any local, state or federal felony or indictable offense statute?	Yes	No 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 No
•	Do you have any criminal charges pending (Misdemeanor or Felony)?	Yes	No No

If the answer to any of the above questions is "Yes", please attach a full description on a separate sheet and include with this application.

By completing this application, you authorize and consent to the IRWA's conducting the background check referenced above, and agree to abide by the IRWA Code of Ethics, Ethical Rules, and Standards of Practice.

Print Name

Section I International Membership Dues (Canadian Dollar)

(All credit card charges are processed in US Dollars. Variances in international conversion rates per transaction may differ from the published amounts listed below).

Month Joined	New Member	Application Fee	Total
(Jan-Feb-March)	\$ 291.38	\$ 32.38	\$ 323.75
(Apr-May-Jun)	\$ 218.53	\$ 32.38	\$ 250.91
(Jul-Aug-Sep)	\$ 145.69	\$ 32.38	\$178.06
(Oct-Nov-Dec of 2023 & 2024)	\$ 291.25	\$ 32.38	\$ 323.75

Excludes chapter membership dues. See Section II for a listing of local chapter dues and GST/HST. In subsequent years you will automatically be billed for local and International membership dues by IRWA headquarters.

NOTE: Please visit IRWA's web site (www.irwaonline.org) for a geographical listing of IRWA local chapters

Section II

			Jeeuon	<u> </u>		
			(Chapte	r + Internation Multiplied	al Dues + Appl by GST/HST %	,
Chapter	GST/ HST %	Chapter Dues	1st Quarter	2nd Quarter	3rd Quarter	4th quarter & New Year
29 - Toronto, ON	13 %	\$ 10.00	\$ 43.39	\$ 33.92	\$ 24.45	\$ 43.39
48 - Calgary, AB	5 %	\$ 45.00	\$ 18.44	\$ 14.80	\$ 11.15	\$ 18.44
54 - Vancouver, BC	5 %	\$ 35.00	\$ 17.94	\$ 14.30	\$ 10.65	\$ 17.94
62 - Edmonton, AB	5 %	\$ 40.00	\$ 18.19	\$ 14.55	\$ 10.90	\$ 18.19
63 - Ottawa, ON	13 %	\$ 15.00	\$ 44.04	\$ 34.57	\$ 25.10	\$ 44.04
65 - NB, NF, NS, PEI	15 %	\$ 40.00	\$ 54.56	\$ 43.64	\$ 32.71	\$ 54.56
79 - Regina, SK	5 %	\$ 30.00	\$ 17.69	\$ 14.05	\$10.40	\$ 17.69

Total International Dues (See Section I above)

Total Chapter Dues (See Section II above)

Total GST/HST (See Section II above)

Grand Total

Fax/E-mail/Mail Form to: International Right of Way Association

19210 S. Vermont Avenue, Building A. Suite 100 Gardena, CA 90248 USA Tel. (310) 538-0233 - Fax (310) 538-1471 E-mail smith@irwaonline.org

Credit Card Payment Information (Please check appropriate box below)

Credit Card Number	Expiration Date
Name on Credit Card	
Card Holder Signature	Date
Approval to Char	rge Total (Box must be checked)
Applicant's Name	
Applicant's Signature	
Payment Method	
Payment by Credit Card	You can fax, e-mail or mail your completed form to the address below.
Payment by Check	Mail full payment with your application (make copy for your records).
Company Invoice	If your employer requires an invoice, please contact carrillo@irwaonline.org Please contact us for Wire Transfer Instructions.
Payment by Wire Transfer Question?	r icase contact us for whe fransier first actions.
How did you hear about	
	IRWA?
How did you hear about Mail Internet E-mail Trade Sho IRWA Ad Other Refered by	IRWA?
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How did you hear about Mail Internet E-mail Trade Sho IRWA Ad Other Refered by Chapter A	IRWA? Chapter ow Professional Associate Approval (Chapter Secretary or Membership Chair)
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