



2025 Membership Application

Full Name _____ Nickname _____ Date _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Cell Phone _____
 Email _____ Birth Date _____
Month/Day/Year

Employer Information

Company Name _____
 Job Title _____ Year Entered Right of Way _____
 Address _____
 City _____ State _____ Zip Code _____
 Work Phone _____ Cell Phone _____
 Company Website _____
 Preferred Mailing Location (please check one) Office Home

Right of Way Specialties (Rank all that apply with #1 as primary) (optional)

Appraisal/Valuation	Law	Relocation
Asset Management	Public Agency	Surveying/Engineering
Electric/Utilities	Negotiations/Acquisitions	Transportation
Environmental	Oil & Gas Pipeline	Young Professionals

Check here if you are a YP interested in getting involved!

Highest Education Level (please check one) High School College Advanced Degree

What format would you like to receive Right of Way Magazine? Print Digital Both

How did you hear about IRWA? Social Media Mail Email Google IRWA Ad Trade Show Colleague Chapter

Other _____ Referred by _____

Notice and Authorization for Potential Background Check

This is to inform you that the 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 or 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 IRWA.

- | | | |
|---|-----|----|
| • Have you ever been convicted, pleaded no contest or guilty to any local, state 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 |
| • Do you have any criminal charges pending (misdemeanor or felony)? | Yes | No |

If you answered “Yes” to any of the questions above, please provide a full description with this application.

By completing this application, you give consent and authorize IRWA to conduct 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*

*Excludes local Chapter membership dues. See Section II for a list of Chapter dues.

<u>Month Joining</u>	<u>International Dues</u>	<u>Application Fee</u>	<u>Total</u>
Oct-Nov-Dec of 2024 <small>(included with full payment of 2025 dues!)</small>	\$235.00	\$25.00	\$260.00
Jan-Feb-Mar of 2025	\$235.00	\$25.00	\$260.00
Apr-May-Jun of 2025	\$176.25	\$25.00	\$201.25
Jul-Aug-Sep of 2025	\$117.50	\$25.00	\$142.50
Oct-Nov-Dec of 2025 <small>(included with full payment of 2026 dues!)</small>	\$245.00	\$25.00	\$270.00

Section II: Chapter Dues

Alabama Chapter 24 Alabama \$20	Illinois Chapter 12 Illinois \$25	Montana Chapter 45 Montana \$12	Rhode Island Chapter 16 Rhode Island \$20
Alaska Chapter 49 Anchorage \$25 Chapter 71 Fairbanks \$10	Indiana Chapter 10 Indiana \$15	Nebraska Chapter 78 Nebraska \$25	South Carolina Chapter 31 South Carolina \$30
Arizona Chapter 28 Phoenix \$25 Chapter 73 Tucson \$20	Iowa Chapter 41 Iowa \$20	Nevada Chapter 44 Las Vegas \$20 Chapter 46 Reno \$20	South Dakota Chapter 72 South Dakota \$25
Arkansas Chapter 51 Arkansas \$20	Kansas Chapter 5 Kansas \$20	New Hampshire Chapter 16 New Hampshire \$20	Tennessee Chapter 32 Tennessee \$42
California Chapter 1 Los Angeles/Bakersfield \$20 Chapter 2 San Francisco/Santa Rosa \$25 Chapter 11 San Diego \$20 Chapter 27 Sacramento \$10 Chapter 42 San Jose \$25 Chapter 47 Central Coast \$30 Chapter 50 Fresno \$20 Chapter 57 Riverside/San Bernardino \$30 Chapter 67 Orange County \$25	Kentucky Chapter 25 Kentucky \$15	New Jersey Chapter 15 New Jersey \$15	Texas Chapter 8 Houston/McAllen \$35 Chapter 36 DFW/Tyler/Waco \$20 Chapter 39 San Antonio \$0 Chapter 74 Austin \$10
Colorado Chapter 6 Colorado \$12	Louisiana Chapter 43 Louisiana \$35	New Mexico Chapter 53 New Mexico \$10	Utah Chapter 38 Utah \$35
Delaware Chapter 56 Delaware \$10	Maine Chapter 16 Maine \$20	New York Chapter 18 New York \$25	Vermont Chapter 16 Vermont \$20
Florida Chapter 26 Tampa/Winter Garden \$15 Chapter 82 South Florida \$10	Maryland Chapter 14 Maryland \$10	North Carolina Chapter 31 North Carolina \$30	Virginia Chapter 52 Virginia \$10
Georgia Chapter 22 Georgia \$25	Massachusetts Chapter 15 Massachusetts \$20	North Dakota Chapter 72 North Dakota \$25	Washington Chapter 4 Bellevue/Seattle \$25 Chapter 19 Spokane \$10
Idaho Chapter 64 Idaho \$5	Michigan Chapter 7 Michigan \$25	Ohio Chapter 13 Ohio \$25	Washington D.C. Chapter 14 Washington D.C. \$10
	Minnesota Chapter 20 Minnesota \$26	Oklahoma Chapter 33 Oklahoma \$25	West Virginia Chapter 17 West Virginia \$20
	Mississippi Chapter 40 Mississippi \$0	Oregon Chapter 3 Oregon \$25	Wisconsin Chapter 17 Wisconsin \$21
	Missouri Chapter 37 Missouri \$25	Pennsylvania Chapter 9 Philadelphia \$25 Chapter 88 Pittsburgh \$25	

Chapter #

If your location is not listed above, please select your preferred Chapter.

Total International Dues (See Section I)

Total Chapter Dues (See Section II)

Application Fee

Grand Total

Return form to: International Right of Way Association

19210 S. Vermont Avenue, Building A, Suite 100, Gardena, CA 90248 • Phone: 310.538.0233 • Email: membership@irwaonline.org

Payment Information

Payment Methods

Credit Card Email or mail your completed form to the address below.

Amex	Visa	MC	Discover	
Credit Card Number			Expiration Date	Security Code
Name on Card				Billing Zip Code
Cardholder Signature				Today's Date

Approval to Charge Total (box must be checked)

Applicant's Name

Applicant's Signature

Check Mail full payment with your application (keep a copy for your records).

Company Invoice If your company requires an invoice, please contact membership@irwaonline.org.

Wire Transfer If you would like to submit a wire transfer, please contact rmazarei@irwaonline.org

Questions

If you have any questions, please contact your member services team at (310) 538-0233 x120 or x137. We look forward to serving your IRWA member needs.

FOR IRWA USE ONLY

Date Received

Date Recorded

Chapter #

Region #

Membership #

Verified By