



2024 Membership Application

Chapter # _____ Region # _____ Member at Large Date _____

Name _____ Nickname _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____ Birthday _____

Month/Day/Year

Preferred Mailing Location (Please Check One) Office Home

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

- ___ Appraisal
- ___ Asset Management
- ___ Engineering
- ___ Environmental
- ___ Law
- ___ Local Public Agency
- ___ Negotiations/Acquisitions
- ___ Pipeline
- ___ Relocation
- ___ Surveying
- ___ Transportation
- ___ Utilities/Wireless
- ___ Valuation
- ___ Young Professional

Highest Education Level (Please Check High School College Advanced Degree

Would You Like Your Magazine in (Please Check One) Printed Digital Both

Employer Information

Company Name _____

Job Title _____ Year Entered Profession _____

Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Cell Phone _____

Company Website _____

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

- 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 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 U.S. International Membership

Month Joined	New Member	Application Fee	Total
(Jan-Feb-Mar)	\$ 225.00	\$ 25.00	\$ 250.00
(Apr-May-Jun)	\$ 168.75	\$ 25.00	\$ 193.75
(Jul-Aug-Sep)	\$ 112.50	\$ 25.00	\$ 137.50
(Oct-Nov-Dec of 2024 & 2025)	\$ 235.00	\$ 25.00	\$ 260.00

Excludes Local chapter membership dues. See Section II for a listing of local chapter dues. 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 Chapter Dues (United States Chapters)

Chapter	Dues Amount	Chapter	Dues Amount	Chapter	Dues Amount
1	\$ 20.00	22	\$ 25.00	47	\$ 30.00
2	\$ 25.00	24	\$ 20.00	49	\$ 25.00
3	\$ 25.00	25	\$ 15.00	50	\$ 20.00
4	\$ 25.00	26	\$ 15.00	51	\$ 20.00
5	\$ 20.00	27	\$ 10.00	52	\$ 10.00
6	\$ 12.00	28	\$ 25.00	53	\$ 10.00
7	\$ 25.00	31	\$ 30.00	56	\$ 10.00
8	\$ 35.00	32	\$ 42.00	57	\$ 30.00
9	\$ 25.00	33	\$ 15.00	64	\$ 5.00
10	\$ 15.00	36	\$ 20.00	67	\$ 25.00
11	\$ 20.00	37	\$ 25.00	71	\$ 10.00
12	\$ 25.00	38	\$ 35.00	72	\$ 25.00
13	\$ 25.00	39	\$ 0.00	73	\$ 20.00
14	\$ 10.00	40	\$ 0.00	74	\$ 10.00
15	\$ 15.00	41	\$ 20.00	78	\$ 25.00
16	\$ 20.00	42	\$ 25.00	82	\$ 10.00
17	\$ 21.00	43	\$ 35.00	88	\$ 25.00
18	\$ 25.00	44	\$ 20.00		
19	\$ 10.00	45	\$ 12.00		
20	\$ 26.00	46	\$ 20.00		
21	\$ 20.00				

Total International Dues (See Section I above) _____

Total Chapter Dues (See Section II above) _____

Grand Total _____

Credit Card Payment Information (Please check appropriate box below)

AMEX VISA MC DISCOVER WIRE TRANSFER

Credit Card Number _____ Expiration Date _____

Name on Credit Card _____

Card Holder Signature _____ Date _____

Approval to Charge 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.

Payment by Wire Transfer Please contact us for Wire Transfer Instructions.

Question?

If you have any questions, our Member Services Staff is available to assist you.
Please contact us at (310) 538-0233, Extension 120 or 134. We look forward to serving you as an IRWA Member.

How did you hear about IRWA?

- Mail Internet Chapter
- E-mail Trade Show Professional Associate
- IRWA Ad Other _____
- Referred by _____

Chapter Approval (Chapter Secretary or Membership Chair)

Print Name _____ Date _____

Signature _____

FOR IRWA USE ONLY

Date Received _____ Date in NetForum _____

Date Approved _____ Date on PM List _____

Membership # _____ Verified By _____