



2026 Membership Application									
Full Name	1	Nickname		[Date				
Address									
City	:	State		Zip Code					
Home Phone		Cell	Phone						
Email			Birth Dat						
	Employe	er Informa	ation	M	Ionth/Day/Year				
Company Name									
Job Title		Y	ear Entered	d Right of Way					
Address									
City	:	State		Zip Code					
Work Phone		Phone							
Company Website									
Preferred Mailing Location (please	check one)	Office		Home					
Right of Way Specialti	es (Rank all	that apply	with #1	as primary) (optiona	al)			
Appraisal/Valuation	Law	,		Relocation		,			
• •									
Asset Management	Public Ag	gency		Surveying/	Engineering				
Electric/Utilities	Negotiat	ions/Acquisit	ions	Transporta	ition				
Environmental	Oil & Gas	s Pipeline		Young Pro	fessionals a YP interested in gettin	g involved!			
lighest Education Level (please check one)	High School	College		Advanced Degree					
Vhat format would you like to receive Right of	Way Magazine?	☐ Print ☐] Digital [Both					
low did you hear about IRWA? Social Med	ia Mail Em	nail Google	IRWA Ad	Trade Show	Colleague	Chapter			
Other		Re	ferred by						

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

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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.

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Section I: International Membership Dues*

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

Month Joining	International Dues	Application Fee	<u>Total</u>
Oct-Nov-Dec of 2025 (included with full payment of 2026 dues!)	\$245.00	\$25.00	\$270.00
Jan-Feb-Mar of 2025	\$245.00	\$25.00	\$270.00
Apr-May-Jun of 2025	\$183.75	\$25.00	\$208.75
Jul-Aug-Sep of 2025	\$122.50	\$25.00	\$147.50
Oct-Nov-Dec of 2025 (included with full payment of 2027 dues!)	\$245.00	\$25.00	\$270.00

Section II: Chapter Dues

Alabama			Illinois			Montana			Rhode Islan	d	
Chapter 24	Alabama	\$20	Chapter 12	Illinois	\$25	Chapter 45	Montana	\$12	Chapter 16	Rhode Island	\$20
Alaska			Indiana			Nebraska			South Carolina		
Chapter 49	Anchorage	\$25	Chapter 10	Indiana	\$15	Chapter 78	Nebraska	\$25	Chapter 31	South Carolina	\$30
Chapter 71	Fairbanks	\$10									
			Iowa			Nevada			South Dako	ta	
Arizona			Chapter 41	Iowa	\$20	Chapter 44	Las Vegas	\$20	Chapter 72	South Dakota	\$25
Chapter 28	Phoenix	\$25				Chapter 46	Reno	\$20			
Chapter 73	Tucson	\$20	Kansas						Tennessee		
			Chapter 5	Kansas	\$20	New Hampshire			Chapter 32	Tennessee	\$42
Arkansas						Chapter 16	New Hampshire	\$20			
Chapter 51	Arkansas	\$20	Kentucky						Texas		
			Chapter 25	Kentucky	\$15	New Jersey			Chapter 8	Houston/McAllen	\$35
California						Chapter 15	New Jersey	\$15	Chapter 36	DFW/Tyler/Waco	\$30
Chapter 1	Los Angeles/Bakersfield	\$20	Louisiana						Chapter 39	San Antonio	\$0
Chapter 2	San Francisco/Santa Rosa	\$25	Chapter 43	Louisiana	\$35	New Mexico)		Chapter 74	Austin	\$10
Chapter 11	San Diego	\$20				Chapter 53	New Mexico	\$10			
Chapter 27	Sacramento	\$10	Maine						Utah		
Chapter 42	San Jose	\$25	Chapter 16	Maine	\$20	New York			Chapter 38	Utah	\$35
Chapter 47	Central Coast	\$30				Chapter 18	New York	\$25			
Chapter 50	Fresno	\$20	Maryland						Vermont		
Chapter 57	Riverside/San Bernardino	\$30	Chapter 14	Maryland	\$10	North Carolina			Chapter 16	Vermont	\$20
Chapter 67	Orange County	\$25				Chapter 31	North Carolina	\$30			
			Massachuse	etts					Virginia		
Colorado			Chapter 16	Massachusetts	\$20	North Dako	ta		Chapter 52	Virginia	\$10
Chapter 6	Colorado	\$12				Chapter 72	North Dakota	\$25			
			Michigan						Washingtor	1	
Delaware			Chapter 7	Michigan	\$25	Ohio			Chapter 4	Bellevue/Seattle	\$25
Chapter 56	Delaware	\$10				Chapter 13	Ohio	\$25	Chapter 19	Spokane	\$10
			Minnesota								
Florida			Chapter 20	Minnesota	\$26	Oklahoma			Washingtor	D.C.	
Chapter 26	Tampa/Winter Garden	\$15				Chapter 33	Oklahoma	125	Chapter 14	Washington D.C.	\$10
Chapter 82	South Florida	\$10	Mississippi								
			Chapter 40	Mississippi	\$0	Oregon			West Virgin	ia	
Georgia						Chapter 3	Oregon	\$25	Chapter 17	West Virginia	\$20
Chapter 22	Georgia	\$25	Missouri								
			Chapter 37	Missouri	\$25	Pennsylvani	а		Wisconsin		
Idaho						Chapter 9	Philadelphia	\$25	Chapter 17	Wisconsin	\$21
Chapter 64	Idaho	\$5				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

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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 <u>membership@irwaonline.org</u>.

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

Questions

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

FOR IRWA USE ONLY

Date Received Date Recorded

Chapter # Region #

Membership # Verified By