## The International Academy of Business and Public Administration Disciplines

P.O. Box 295 Phone: (318) 255-1491 Ruston, Louisiana 71273 Fax: (318) 255-9415

## **MEMBERSHIP APPLICATION FORM**

Name:			
First Name:			
Middle Name or initial:			
Last Name:			
Emails:			
Primary Email:			
Secondary Email:			
Phones:			
Primary Phone:			
Secondary Phone:			
Mailing Address:			
Street Name:			
City:	State:	Zip Code:	
Country:			
<b>Professional Information:</b>			
Affiliation/Institution:			

College, School, or I	Division:				
Department:					
Field of interest:  PAYMENT OPTIONS					
• Payment by Chec	ck and/or Mone	y Order:			
• Payment by Credit Card:					
<ul> <li>Money Transfer</li> </ul>					
First Name:		Initial:	Last Name:		
Name of Cardholder:					
Card Type:	American Express:		MasterCard:		
	Discover:		VISA:		
Card Number:					
Expiration Date:					
Billing Address:					
City:	State:	Zip Code:	Country:		
Authorized Amount to Be Charged:					
Authorized Name:					