Iowa Association of Administrative Law Judges 2009-2010

MEMBERSHIP APPLICATION: PLEASE ANSWER QUESTIONS FULLY (TYPE OR PRINT).

1. Name:_____

last name first name MI

2. Home address:

_____

City State Zip Code

_____

3. Home phone: ( ) _____ Work phone: ( ) _____

4. Agency name:

_____

5. Business address:

_____

City State Zip Code

_____

7. Please send my mail to: Home _____Work _____

8. Primary Email address:_____

9. Job title _____ Full time? _____ Part-time? _____

10. For what type of membership are you applying: Active? _____ Associate? _____

11. Are you interested in being on an IAALJ committee dealing with issues such as membership, continuing education, communications, or legislation?

___ yes, I'm interested in:_____

12. Are there other issues that concern you?

_____

Signature: _____ Date: _____

THANKS FOR YOUR INTEREST. Please enclose annual dues of $ 35.00.

(Due date 7-1-09—Delinquent 9-1-09) and send to:

IAALJ, c/o Chris Scase, Iowa Department of Inspections and Appeals, Administrative Hearings Division, Wallace State Office Building, 3rd Floor, 502 E. 9th Street, Des Moines IA 50319