



# INTERNATIONAL ASSOCIATION FOR TRUANCY AND DROPOUT PREVENTION (IATDP)

## MEMBERSHIP APPLICATION

### STEP 1 Personal Information

Please provide the information requested below.

First Name MI Last Name

Title/Position Agency/Organization/School

Mailing Address

City State Zip Code

Telephone Fax

Email Address

Yes, publish my phone number in the member directory.

### STEP 2 Annual Dues

Includes membership subscription to the IATDP Journal. Payment must be in USD via money order or certified check. *Membership expires one year from date of original application & is renewable on that date.*

Regular Membership ..... \$50

Library Subscription ..... \$40

Student or Retired Associate ..... \$30

Life Memeber ..... \$400  
( available to those who have been a member for 5 years )

Please check one:

New Member  Renewal

Referred by:

\_\_\_\_\_

### STEP 3 Get Involved

Involvement in IATDP is a rewarding experience. You can be involved by:

- Serving on committees
- Contributing articles to the IATDP Journal
- Submitting ideas for programs, projects and research
- Expressing your opinions on association matters
- Attending the Annual Conference

I would like to serve on one of the following committees; ranking 1st, 2nd & 3rd choice.

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Auditing     | <input type="checkbox"/> Awards                        |
| <input type="checkbox"/> Finance      | <input type="checkbox"/> Research                      |
| <input type="checkbox"/> Conference   | <input type="checkbox"/> Nominating                    |
| <input type="checkbox"/> Constitution | <input type="checkbox"/> Membership / Public Relations |

Visit the IATDP website [www.iatdp.org](http://www.iatdp.org) to learn about more opportunities to get involved.

### STEP 4 Payment Details

Please select your payment option.

Payment by Check **Check #:** \_\_\_\_\_  
Make payable to "IATDP"

Payment by Money Order **MO #:** \_\_\_\_\_  
Make payable to "IATDP"

Payment by Credit Card  
 Amex  Discover  Mastercard  Visa

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Number Exp. Date (Required)

\_\_\_\_\_  
Signature

### IMPORTANT NOTE \*\*POSTAGE REQUIRED\*\*

Please complete and mail to Brian Hartsell, ATTN: IATDP, Treasurer, 2808 Red Ellis Lane, Knoxville, TN 37924. Send inquires to Brian Hartsel at [brian.hartsell@knoxschools.org](mailto:brian.hartsell@knoxschools.org) or call (865) 594-1506.