



Please mail membership form and payment to:

ISPA Membership
 c/o Luke Behaunek, ISPA Treasurer
 701 N C Street
 Indianola, IA 50125

Effective July 1, 2009 through June 30, 2010

Annual Membership	Professional	Student ²
ISPA Membership¹	\$35.00	\$15.00

Member Information

First Name:		Last Name:	
Title:		Institution:	
Address 1:	Address 2:	City:	State:
Office phone:		Alternate phone:	
Fax number:		E-mail address:	

Functional Area (check one or more):

- | | | |
|--|--|--|
| <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Admissions | <input type="checkbox"/> Career Services |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Disabilities Resource |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Graduate Assistant |
| <input type="checkbox"/> Learning Community/Support | <input type="checkbox"/> Multicultural Affairs | <input type="checkbox"/> Orientation |
| <input type="checkbox"/> Registrar | <input type="checkbox"/> Research | <input type="checkbox"/> Residence Life |
| <input type="checkbox"/> Senior Student Affairs Officer (SSAO) | <input type="checkbox"/> Student Activities | <input type="checkbox"/> Student Health |
| <input type="checkbox"/> Student Life | <input type="checkbox"/> Other: _____ | |

Number of years in profession:

- 0-3
 4-6
 7-10
 10-14
 15+

¹ ISPA/ICSSA joint conference registration is not included here. Please refer to conference registration page at <http://www.ispamembers.org/en/conference/registration.cfm> for this information.

² Student is defined as being enrolled in undergraduate or graduate courses and not employed full-time.