



I.A.L.P.A.E., Inc

International Association of Latino
Public Administration Executives

International Association of Latino Public Administration Executives Membership Application Form

Fax Completed Form to 407-595-1879 or Mail to: IALPAE, Inc. Membership Department 4100
Balboa Ct. Arlington, TX 76016

1. Name (Last first): _____
2. Home Address: _____
3. Job Title: _____
4. Dept/Agency _____
5. Work Phone: _____ Ext. _____ Fax: _____
6. E-mail Address: _____
7. Education: BA _____ BS _____ MA _____ MS _____ MPA _____ PH.D _____
8. Major: _____ Minor: _____
9. Annual Membership Dues: USD \$ 25.00, Through 12/31, No Proration.

Method of Payment

10. Credit Card #: _____ Expiration Date: _____ / _____

11. Type of Card: VISA _____ MC: _____ American Express: _____

OR

12. Check Made Out to: **IALPAE, Inc. Membership Department 4100 Balboa Ct. Arlington, TX 76016**

13. Signature: _____ (Required)