



Indoor Air Quality Association, Inc.
 12339 Carroll Avenue
 Rockville, MD 20852
 Phone: (301) 231-8388
 Fax: (301) 231-8321
 www.iaqa.org

APPLICATION FOR MEMBERSHIP

MEMBERSHIP CATEGORIES AND DUES

Instructions: Mark a box in the left side column to indicate the category of membership under which you are submitting this application. All applicants shall have an interest in the advancement of the Association's aims, and shall possess sufficient qualifications to cooperate with the members in the advancement of the knowledge relating to indoor environmental quality and its application.

CATEGORIES AND DESCRIPTIONS		Annual Dues
<input type="checkbox"/>	INDIVIDUAL MEMBER Open to any person with an interest in the subject of indoor air quality	\$150
<input type="checkbox"/>	INDIVIDUAL-GOVERNMENT Open to any person who is employed at least 20 hours per week by a federal, state, county or municipal government entity, including independent school districts.	\$75
<input type="checkbox"/>	STUDENT MEMBER Open to persons enrolled in a full-time course of study, or whose primary pursuit is a post graduate degree, in a university, college, junior college, or technical institute, who is being educated in the arts and sciences covered by the objectives of the Association. Student members do not have voting privileges.	\$55
<input type="checkbox"/>	CORPORATE MEMBER A Corporate Member is a business entity. Each Corporate Member may appoint one company representative as its official designate to IAQA for purposes of voting on association matters and to whom correspondence shall be addressed. Employees of Corporate Members are entitled to IAQA member discounts on education, publications, meeting registration fees and other association products. Employees of Corporate Members may apply for Individual-Affiliate Membership to receive IAQA mailings and be separately identified in IAQA member rosters and directories.	\$295
<input type="checkbox"/>	CORPORATE-FRANCHISOR A Corporate-Franchisor Member is a business entity that is a franchisor of products and/or services to the IAQ industry. Each Corporate-Franchisor Member may appoint one company representative as its official designate to IAQA for purposes of voting on association matters and to whom correspondence shall be addressed. Employees of Corporate-Franchisor Members are entitled to IAQA member discounts on education, publications, meeting registration fees and other association products. Franchisees of Corporate-Franchisor Members may apply for Corporate-Franchisee Membership.	\$900
<i>To be eligible for any of the membership categories below, your company and/or its parent company and/or franchisor must already belong to IAQA.</i>		
<input type="checkbox"/>	INDIVIDUAL-AFFILIATE Open to any employee of an IAQA Corporate Member company. Employee is defined as an individual who receives a paycheck from the corporation with the same tax ID number as the IAQA Corporate Member by whom the individual is employed. No voting rights are extended to this membership category.	\$90
<input type="checkbox"/>	CORPORATE AFFILIATE Open to branch offices and additional locations of an IAQA Corporate Member. Must operate and do business under the same corporate tax ID number as the existing IAQA Corporate Member from whom the affiliate serves as a branch or additional location. No voting rights are extended to this membership category.	\$150
<input type="checkbox"/>	CORPORATE-FRANCHISEE Open to any franchisee whose franchisor is an IAQA Corporate Franchisor Member. The franchisee must be a corporation or other legal business entity. The member must specify a representative for purposes of mailings, notices and voting rights.	\$240

NAME AND TITLE: _____	PHONE: _____
COMPANY NAME: _____	FAX: _____
MAILING ADDRESS: _____	E-MAIL : _____
CITY, STATE, ZIP: _____	WEBSITE : _____
COUNTRY: _____	
BILLING ADDRESS: _____	NUMBER OF YEARS IN BUSINESS: _____
CITY, STATE, ZIP: _____	NUMBER OF EMPLOYEES: _____
COUNTRY: _____	

WORK EXPERIENCE: Please briefly describe your work in the IAQ field and/or the work performed by your company.

ELECTRONIC COMMUNICATION PREFERENCES: Check one option for each item below

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	I wish to receive e-mail from IAQA about new industry developments, legislative activities, and IAQA membership programs.
<input type="checkbox"/>	<input type="checkbox"/>	I wish to receive e-mail from IAQA-approved Course Providers about upcoming training programs.
<input type="checkbox"/>	<input type="checkbox"/>	I wish to receive e-mail from fellow IAQA members, including product and service providers.

CURRENT AFFILIATION OR DISCIPLINE

Please choose only **ONE** primary discipline from the left hand column below and as many affiliated subgroups on the right hand side corresponding to the type of work performed by you/your company

	Select ONE discipline in this Column	Discipline subgroups (Select as many as applicable to you/your company)			
<input type="checkbox"/>	CONTRACTOR Provides indoor environmental contracting services to homeowners and/or business owners	<input type="checkbox"/> ASBESTOS ABATEMENT <input type="checkbox"/> FILTER SERVICE <input type="checkbox"/> HOUSEKEEPING SERVICES <input type="checkbox"/> PLUMBING <input type="checkbox"/> WATER RESTORATION	<input type="checkbox"/> CARPET CLEANING <input type="checkbox"/> FIRE RESTORATION <input type="checkbox"/> HVAC SERVICE AND INSTALLATION <input type="checkbox"/> REMEDIATION	<input type="checkbox"/> DUCT CLEANING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> GENERAL CONTRACTING <input type="checkbox"/> LEAD ABATEMENT <input type="checkbox"/> RADON MITIGATION	<input type="checkbox"/> EXHAUST CLEANING <input type="checkbox"/> GREEN BUILDING CONSTRUCTION / RENOVATION <input type="checkbox"/> PEST CONTROL <input type="checkbox"/> UPHOLSTERY CLEANING
<input type="checkbox"/>	CONSULTANT Provides indoor environmental assessment services to homeowner and/or business owners	<input type="checkbox"/> ASBESTOS ASSESSMENT <input type="checkbox"/> ENGINEERING <input type="checkbox"/> HOME INSPECTION <input type="checkbox"/> IEQ CONSULTANT <input type="checkbox"/> PROJECT SPECIFIER	<input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENVIRONMENTAL ASSESSMENT <input type="checkbox"/> HOME INSPECTOR <input type="checkbox"/> INDUSTRIAL HYGIENIST <input type="checkbox"/> RADON ASSESSMENT	<input type="checkbox"/> BUILDING SCIENTISTS <input type="checkbox"/> GREEN BUILDING ASSESSMENT <input type="checkbox"/> IAQ FIELD TECH <input type="checkbox"/> INTERIOR DESIGNER <input type="checkbox"/> TECHNICAL WRITER	<input type="checkbox"/> ENERGY-RATING <input type="checkbox"/> HOME HEALTH ASSESSMENT <input type="checkbox"/> IAQ INVESTIGATOR <input type="checkbox"/> LEAD ASSESSMENT <input type="checkbox"/> TEST AND BALANCE
<input type="checkbox"/>	MANUFACTURERS AND BUSINESS SERVICES PROVIDER Suppliers of products and services purchased by indoor environmental Contractors and Consultants and related parties	<input type="checkbox"/> ACCOUNTANTS <input type="checkbox"/> LAWYER <input type="checkbox"/> RETAILERS <input type="checkbox"/> WHOLESALERS	<input type="checkbox"/> DISTRIBUTORS <input type="checkbox"/> INFORMATION MANAGEMENT <input type="checkbox"/> MANUFACTURERS <input type="checkbox"/> RISK MANAGEMENT	<input type="checkbox"/> FRANCHISORS <input type="checkbox"/> INSURANCE AGENTS <input type="checkbox"/> PARALEGAL <input type="checkbox"/> TRAINING PROVIDERS	<input type="checkbox"/> GREEN PRODUCTS AND SERVICES <input type="checkbox"/> LABORATORIES <input type="checkbox"/> PUBLISHERS <input type="checkbox"/> WEB SITE HOSTS
<input type="checkbox"/>	FACILITY OWNER/MANAGER Owners and managers of buildings	<input type="checkbox"/> BUILDING MANAGER	<input type="checkbox"/> BUILDING OWNER	<input type="checkbox"/> FACILITIES PERSONNEL	<input type="checkbox"/> MAINTENANCE AND JANITORIAL PERSONNEL
<input type="checkbox"/>	GOVERNMENT, MILITARY, MEDICAL PROFESSIONAL, ACADEMIA AND OTHER Licensed providers of health-care services; Employees of federal, state or municipal government entities; military personnel; professors and students of accredited colleges and universities	<input type="checkbox"/> BUILDING AND CODE ENFORCEMENT OFFICIALS <input type="checkbox"/> GOVERNMENT FACILITIES PERSONNEL <input type="checkbox"/> MEDICAL TECHNICIAN <input type="checkbox"/> PUBLIC HEALTH OFFICIALS	<input type="checkbox"/> COLLEGE AND UNIVERSITY PROFESSORS <input type="checkbox"/> GOVERNMENT POLICY MAKERS <input type="checkbox"/> NURSE (RN) <input type="checkbox"/> STUDENTS	<input type="checkbox"/> COLLEGE FACILITIES PERSONNEL <input type="checkbox"/> INFECTION CONTROL SPECIALISTS <input type="checkbox"/> PHYSICIAN	<input type="checkbox"/> CONSUMER / HEALTH ADVOCATES <input type="checkbox"/> LICENSED NURSE PRACTITIONERS (LPN) <input type="checkbox"/> PHYSICIAN ASSISTANT

PAYMENT INFORMATION

All applications must be accompanied by payment. On the front side of this application, please see the corresponding fee to the membership category under which this application is being submitted. **All members from Canada must pay an additional surcharge of \$25. Other members from outside the U.S. must pay an additional surcharge of \$35. These surcharges are to cover additional postage.**

Check enclosed for \$ _____ made payable to IAQA, in US Dollars ONLY.
 Visa
 MasterCard
 American Express

Card # _____ Exp. Date _____ Security/CCV # _____

Signature _____ Amount authorized to charge USD \$ _____ Date _____

IAQA MEMBERSHIP CODE OF ETHICS

YOU MUST SIGN THIS ATTACHED CODE OF ETHICS TO BE ADMITTED AS A MEMBER OF IAQA

PREAMBLE

This Code of Ethics signifies voluntary recognition by members of the Indoor Air Quality Association of the responsibilities and obligations of professional self-discipline. The purpose of the code is to inform the public that IAQA members intend to maintain a high level of ethical behavior and professional performance. The code expresses the standards of professional conduct expected of members in their relationships with clients, colleagues, members of allied trades, and the general public. By joining IAQA members voluntarily agree to fully comply with the requirements of the Code and recognize that if the conduct of a member falls below the required standards as set forth in the Code, that member will be subject to the sanctions provided for in the Code. IAQA has both Corporate and Individual members. This code applies equally to all classes of membership.

CODE OF ETHICS

In recognition of their obligation to the public and the profession, IAQA members are required to comply with the following articles:

I/We will be honest and forthright in advertising.

I/We will provide services only after obtaining the necessary bonding and licensing required on a particular project or within a particular jurisdiction.

I/We will utilize the services and products of those who possess specialized skills, tools, or trades not possessed by us when circumstances call for work to be done which we are unable to perform.

I/We will stay abreast of new developments in technology, tools of the trade, building codes, industry standards and guidelines, and any other codes or information that directly affects our work.

I/We will perform services only after the applicable, generally accepted industry standards of care to be applied have been disclosed. I/We will follow such standards in work performed.

I/We will accurately represent the status of our membership within IAQA.

I/We will comply with the Bylaws of the Association.

I/We will comply with all Federal, state and local laws, regulations and licensing requirements applicable to our company.

I/We will promptly and courteously address any and all customer or consumer complaints and or inquiries and will fully explain the services, testing procedures and practices followed by our company in dealing with specific problems.

I, THE UNDERSIGNED, AGREE THAT AS A MEMBER OF IAQA, I (INDIVIDUAL MEMBERS) OR OUR COMPANY (CORPORATE MEMBERS) WILL ABIDE BY THE IAQA MEMBERSHIP CODE OF ETHICS. IN ADDITION, ON BEHALF OF THE APPLICANT NAMED HEREIN, I ATTEST THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED HEREIN IS ACCURATE AND THERE ARE NO FALSE CLAIMS TO MY QUALIFICATIONS, EDUCATION, OR WORK EXPERIENCE. IF ACCEPTED AS A MEMBER OF IAQA, I/WE AGREE TO ABIDE BY THE BYLAWS AND OTHER GOVERNING RULES OF THE ORGANIZATION.

Signature _____ Date _____

Print Your Name _____ Title _____