

AIM - IRS
(Association for the Improvement of Minorities)
NEW ORLEANS CHAPTER
APPLICATION FOR MEMBERSHIP

A. Confidential Information (available to AIM-IRS board members only)

Name _____
Home Address _____ City _____ State _____ Zip Code _____
Work Address _____ Stop# _____ City _____ State _____ Zip _____
Email Address (personal) _____
Telephone Numbers: Home/Cell [] _____ Work [] _____
Job Title _____ Series _____ Grade _____

Currently Assigned to _____
Are you on Flexiplace? [] Yes [] No
Member Type: [] New Member [] Renewing/Past Member [] Retired Member
Membership Card Number (if known) _____

B. Membership and Career Aspiration Information:

My short-term career goal is _____

My long-term career goal is _____

I would like to see AIM-IRS conduct workshops on these topics or areas of interest:

a. _____

b. _____

I am interested in serving on the following committee(s):

- | | | |
|--|---|---|
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Fair Election | <input type="checkbox"/> Nominating |
| <input type="checkbox"/> Program Development | <input type="checkbox"/> Membership | <input type="checkbox"/> By Laws |
| <input type="checkbox"/> Issues/Research | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Conference/Planning |
| <input type="checkbox"/> Evaluation/Awards | <input type="checkbox"/> Budget/Finance | <input type="checkbox"/> Public Information/History |

Yes, I wish to join AIM-IRS New Orleans Chapter. Enclosed is \$ _____ for full payment of my annual membership dues.

Signature _____ Date _____
Make checks payable to: AIM-IRS New Orleans Chapter

GS-5 and below	\$25.00	Retired & Associates	\$25
GS-6 and above	\$35.00		

**** Complete the application if any information has changed or you are a new member. ****