



# APPLICATION FOR INDIVIDUAL MEMBERSHIP

75 Federal Street, #901 Boston, MA 02110-1407  
 Telephone: (617) 426-1167 Fax: (617) 521-8675 <http://www.tawpi.org>

Please accept my application and enter my name as an Individual member of the Association for Work Process Improvement. I understand my dues will be billed annually hereafter unless I cancel my membership in writing. *Individual membership in TAWPI is recorded in the name of the individual, not the organization and is non-transferable.* Please provide all information below.

_____		
<b>Sal.</b>	<b>First Name</b>	<b>Last Name</b>
_____		
Title		
_____		
Company Name		
_____		
Ship to address (No P.O. Boxes Please)		
_____		
City	State	Zip
_____		
Country	Postal Code	
_____		
Billing Address (if different than ship to)		
_____		
Billing City	State	Zip
_____		
Billing Country	Postal Code	
_____		
Phone	Fax	
_____		
Email Address	Website	

Please indicate your primary job function (*check only one*):

- |   |  |
|---|--|
| <input type="checkbox"/> Administration       | <input type="checkbox"/> Project Management    |
| <input type="checkbox"/> Executive Management | <input type="checkbox"/> Sales and Marketing   |
| <input type="checkbox"/> Senior Management    | <input type="checkbox"/> Operations Management |
| <input type="checkbox"/> Systems Analyst      | <input type="checkbox"/> Product Management    |
| <input type="checkbox"/> Other: _____         |  |

Please indicate your area of specialty (*check only one*):

- |   |  |
|---|--|
| <input type="checkbox"/> Data Capture/Entry | <input type="checkbox"/> Imaging               |
| <input type="checkbox"/> Forms Processing   | <input type="checkbox"/> Remittance Processing |

Please indicate your role in the purchasing process (*check only one*):

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Decision Maker | <input type="checkbox"/> Recommends   |
| <input type="checkbox"/> Participates   | <input type="checkbox"/> Not Involved |

Please indicate your organization's primary business activity? (*check only one*):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Banking                                | <input type="checkbox"/> Gov't – State   | <input type="checkbox"/> Publishing         |
| <input type="checkbox"/> Consulting                             | <input type="checkbox"/> Health Care/Med | <input type="checkbox"/> Retail             |
| <input type="checkbox"/> Data Proc.                             | <input type="checkbox"/> Insurance       | <input type="checkbox"/> Service Bureau     |
| <input type="checkbox"/> E-Commerce                             | <input type="checkbox"/> Legal           | <input type="checkbox"/> Software Dev.      |
| <input type="checkbox"/> Education                              | <input type="checkbox"/> Lockbox Prov.   | <input type="checkbox"/> Sys Integrator     |
| <input type="checkbox"/> Finance/Acct                           | <input type="checkbox"/> Mail Order      | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Financial Svs                          | <input type="checkbox"/> Manufacturing   | <input type="checkbox"/> Transportation     |
| <input type="checkbox"/> Gov't – Fed                            | <input type="checkbox"/> Media           | <input type="checkbox"/> Utilities/Energy   |
| <input type="checkbox"/> Gov't – Local                          | <input type="checkbox"/> Non-Profit      | <input type="checkbox"/> VAR                |
| <input type="checkbox"/> Other primary business activity: _____ |  |   |

Number of employees in your organization: \_\_\_\_\_

Please indicate your member category (*check only one*):

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Consultant   | <input type="checkbox"/> End User |
| <input type="checkbox"/> Media        | <input type="checkbox"/> Vendor   |
| <input type="checkbox"/> Other: _____ |                                   |

Please do not release my address for non-TAWPI mailings

Check here to be included in TAWPI's FREE Listserve discussions (email address above is required)

**Individual Dues**..... \$ **225.00**  
 (*Outside US, add \$50, Mexico/Canada, add \$15*)..... \$ \_\_\_\_\_  
**Add Chapter dues (optional)**..... \$ \_\_\_\_\_  
 New England (\$35)     Delaware Valley (\$25)  
 Great Lakes (\$25)     Mid Atlantic District (\$25)  
 Missouri/KC (\$25)     New York Metro (\$25)  
 Southeast (\$25)     Southwest (\$25)  
 Western Region (\$35)  
**Sub Total**..... \$ \_\_\_\_\_  
**Less discount**..... (\$ \_\_\_\_\_)  
**Promotion code:** \_\_\_\_\_ (*required for discount*)  
**Total Enclosed** ..... \$ \_\_\_\_\_

**Method of Payment (in US dollars):**  
 Check enclosed (made payable to TAWPI)  
 Amex     Diners     Discover     MasterCard     Visa  
 \_\_\_\_\_  
 Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 \_\_\_\_\_  
 Card Holder's Signature  
**Remit to:** TAWPI, 75 Federal St, #901, Boston, MA 02110  
 Tel: 617-426-1167 Fax: 617-521-8675  
 On-line: [www.tawpi.org](http://www.tawpi.org)