



Knowledge & Information Professionals Association

Membership Form

Contact Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Work Phone _____ Home Phone _____

Company _____

Email _____

Briefly describe your current job title/position and related activities

Other Professional Societies, Organizations or Registrations Held (OPTIONAL)

Society or Organization Name	Year Joined	Issued By	Date Issued

University or College Attended (OPTIONAL)

Name & Location	Degree	Grad Date

Membership Type

Regular (\$20) Student or Retiree (\$10) *Make checks payable to KIPA*

I hereby submit this application and supporting documentation, which is correct to the best of my knowledge and belief, for evaluation by KIPA. Upon acceptance, I agree to support the activities and objectives of KIPA to the best of my ability.

Signature _____ Date _____

Return completed form and payment to:

Knowledge & Information Professionals Association
P.O. Box 4107
Tulsa, OK 74159-4107