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Membership Application

Today's date: _____ mm/dd/yy

Your membership expires: _____ yy/mm

☐ Address change

IAIA ID #: _____

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State/Province: _____

Country: _____

Postal Code: _____

Phone: _____

Fax: _____

E-mail: _____

Type of Membership (see benefits chart at www.iaia.org > Join/Renew for additional details)

US\$ Per Year Amount Due

Individual * \$110 \$

Student (proof of enrollment or recent graduation required) * \$55 \$

Multiple Year Membership * \$

We encourage you to join for multiple years. Discount additional years by 10% from the annual rate. For example, for three years an individual member sends only \$308 (\$110 for the first year and \$99 for each additional year).

Non-OECD Country Rate * Contact IAIA \$

Upon request, a limited number of discounts are available to persons from non-OECD countries. Along with your request, send your name, organization and country to info@iaia.org. OECD member countries are Australia, Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Spain, Sweden, Switzerland, Turkey, United Kingdom, United States.

*** Paper Copy of IAPA** $\frac{\text{# of years}}{\text{# of years}} \times \35 \$

The membership categories above include electronic-only copies of the IAPA journal. If you wish to receive paper copies of the journal via post, the cost of \$35 per year applies. Paper copies of IAPA may only be purchased in conjunction with membership.

Corporate \$1000 or \$5000 \$

Associated Individual \$30 \$

Individuals that wish to be involved with IAIA without full membership. Associated Individuals receive access to the quarterly newsletter and monthly e-news, plus voting privileges and discounted conference rates. Access to IAPA and members-only webpages is not included. Associated membership runs on a calendar-year basis (i.e. 2009).

Associated Organization Contact IAIA \$

Non-profit member-based organizations that wish to be involved with IAIA without full membership. Associated Organizations receive access to the quarterly newsletter and monthly e-news, plus discounted conference rates. Access to IAPA and members-only webpages is not included. Interested organizations should contact info@iaia.org. A Memorandum of Understanding (MOU) will be signed.

Optional: Voluntary contribution to support capacity building (\$100 is a suggested minimum, but any amount is appreciated.) \$100 \$

Total: \$

Payment Information

☐ Enclosed is a check or money order in **US dollars** drawn on a US bank, made payable to **IAIA**.

☐ Charge my credit card. ☐ VISA ☐ MasterCard ☐ American Express

Card #: _____ Expiration date: _____ (mm/yy) 3-4 digit CCV code: _____

Print name on card: _____ Authorized signature: _____

Credit card billing address: _____

⇒ Interested in automated membership renewals? Check here to receive a form to set up automatic annual credit card renewal charges. ☐

Code of Conduct for IAIA Members

Please read the Code of Conduct for IAIA members on the reverse side of this form and sign below.*

☐ I have read and understand the IAIA Member Code of Conduct and agree to abide by the principles set forth.

Signature: _____

Date: _____

*Signing this code is voluntary for IAIA members.

Code of Conduct for Members of IAIA*

As a self-ascribed professional member of IAIA, the information and services that I provide must be of the highest quality and reliability. I consequently commit myself:

1. to conduct my professional activities with integrity, honesty, and free from any misrepresentation or deliberate bias.
2. to conduct my professional activities only in subject areas in which I have competence through education, training, or experience. I will engage, or participate with, other professionals in subject areas where I am less competent.
3. to take care that my professional activities promote sustainable and equitable actions as well as a holistic approach to impact assessment.
4. to check that all policies, plans, activities, or projects with which I am involved are consistent with all applicable laws, regulations, policies and guidelines.
5. to refuse to provide professional services whenever the professional is required to bias the analysis or omit or distort facts in order to arrive at a predetermined finding or result.
6. to disclose to employers and clients and in all written reports, any personal or financial interest that could reasonably raise concerns as to a possible conflict of interest.
7. to strive to continually improve my professional knowledge and skills and to stay current with new developments in impact assessment and my associated fields of competence.
8. to acknowledge the sources I have used in my analysis and the preparation of reports.
9. to accept that my name will be removed from the list of self-ascribed professional members of IAIA should I be found to be in breach of this code by a disciplinary task-group constituted by the IAIA Board of Directors to consider any complaint lodged against my professional conduct.

** This code of conduct for IAIA members was developed by an IAIA Task Force on Ethics; it was subsequently approved for distribution by the IAIA Board of Directors (9/07). Signing this document is voluntary for IAIA members.*