



International Association
for Impact Assessment

International Headquarters
1330 23rd Street S., Suite C
Fargo, ND 58103 USA

Phone +1.701.297.7908
Fax +1.701.297.7917
info@iaia.org

www.iaia.org

STUDENTS:

Kindly attach proof of
enrollment in a
University or College.
Example: A letter from
the school registrar,
Current registration
receipt or letter from
department head on
University letterhead.

Your student rate cannot
be processed without
this proof.

Membership INVOICE

2007-2008

Today's date: _____mm/dd/yy

Your membership expires: _____ yy/mm

IAIA ID#: _____

☐ Address change

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____ Web page: _____

Type of Membership	US\$ Per Year*	Amount Due
Individual	\$100	\$ _____
Joint	\$135	\$ _____
Student	\$50	\$ _____
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 \$280 (\$100 for the first year and \$90 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 (with the exception of Mexico and Turkey). 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, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Spain, Sweden, Switzerland, United Kingdom, United States.		
Institutional/Corporate	Contact IAIA	\$ _____
Upon request, a special discount is available to corporations or agencies interested in providing membership to five or more employees for a minimum of three years		
Optional: Voluntary contribution to support capacity building	\$20	\$ _____
Total:		\$ _____

Payment Information

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

☐ Charge my credit card. ☐ VISA ☐ MasterCard Expiration date: _____(mm/yy)

Card #: _____ 3-digit CVV code (back of card): _____

Print name on card: _____ Authorized signature: _____

Credit card billing address: _____

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.*