



Inspiring Excellence
in Communications
WorldwideSM

Young Professional Membership Application IAA UAE Chapter

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS AND RETURN WITH YOUR PAYMENT TO:

THE IAA UAE CHAPTER

P.O. BOX 71104, DUBAI, UAE

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Family Name

Given Name

Organization

Nature of Business (Advertiser, Media, or Other Services)

Position

Number of years with organization

Date of Birth

Business Address

Postal Address

City/Country

Business Phone (with city code)

Fax No.

E-mail address

Home Address

City/Country

If elected to membership, I will be governed by the by-laws of the Association and of the IAA Chapter having jurisdiction.

Signature of Applicant

Date

Proposed by: Name (Must be an IAA Member)

Signature

Seconded by: Name (Must be an IAA Member)

Signature

OFFICE USE:

AUE Dhs. _____ Received by:

Signature

Date