



Inspiring Excellence  
in Communications  
Worldwide<sup>SM</sup>

## 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**

**TELEPHONE: +971 4 390 3232 FAX: +971 4 390 8362 E-MAIL: iaauae@emirates.net.ae**

---

**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**