



MEMBERSHIP APPLICATION FORM



Chapter # 39A Region # 2 (If Unknown, Please Leave Blank) Today's Date 8/7/2014

Name Mr. Jaime E. Salinas Nickname _____
 Mrs. (First / MI / Last Name)
 Ms.

Home Address 1515 Elm Drive (Street Address)
Mission (City) Texas (State) 78572 (Zip Code)

Home Phone _____ Cell Phone 956-207-9298

E-mail Address jaime.salinas@co.hidalgo.tx.us Birth Date 01/31/62
(Month/Day/Year)

Preferred Mailing Location (Please Check One) Office Home

Right of Way Specialties (Rank All That Apply Numerically With #1 As Primary) (Optional)

- Appraisal
- Asset Management
- Engineering
- Environmental
- Law
- Local Public Agency
- Negotiations/Acquisition
- Pipeline
- Relocation
- Surveying
- Transportation
- Utilities/ Wireless
- Valuation

Job Title Right of Agent IV Year Entered Profession 2003

Highest Education Level (Please Check One) High School College Advanced Degree

Employer Information Company Name Hidalgo County Precinct 2

Address 300 W. Hall Acres Suite # G (Street Address)
Pharr (City) Texas (State) 78577 (Zip Code)

Phone 956-787-7891 Fax 956-787-4683

Employer Website Address www.co.hidalgo.tx.us

Have you ever been convicted of any local, state or federal felony or indictable offense statute? YES NO

Have you ever been convicted of any misdemeanor or summary conviction statute, which could be perceived to reflect adversely upon your professional character, trustfulness, morality or reputation? YES NO

If the answer to either question is "YES", please attach a full description on a separate sheet and include with this application.

By completing this application you agree to abide by the IRWA Code of Ethics, Ethical Rules, and Standards of Practice. Visit www.irwaonline.org for information.

Print Name _____

SECTION 1
U.S. INTERNATIONAL MEMBERSHIP DUES RATES

Quarter	New Member	Application Fee	Total
1st (Jan-Feb-Mar)	\$ 205.00	\$ 25.00	\$ 230.00
2nd (Apr-May-Jun)	\$ 153.75	\$ 25.00	\$ 178.75
3rd (Jul-Aug-Sep)	\$ 102.50	\$ 25.00	\$ 127.50
4th and New Year	\$ 205.00	\$ 25.00	\$ 230.00

Excludes local chapter membership dues. See Section 2 for a listing of local chapter dues. Some local chapters may charge an additional application fee. Your local Chapter's Membership Chair will contact you if there is an additional amount due. In subsequent years you will automatically be billed for local and International membership dues by IRWA headquarters.

NOTE: Please visit IRWA's web site (www.irwaonline.org) for a geographical listing of IRWA local chapters

SECTION 2
ANNUAL LOCAL CHAPTER DUES
UNITED STATES CHAPTERS

Chapter	Dues Amount
1	\$ 20.00
2	\$ 20.00
3	\$ 15.00
4	\$ 25.00
5	\$ 20.00
6	\$ 12.00
7	\$ 15.00
8	\$ 20.00
9	\$ 14.00
10	\$ 15.00
11	\$ 20.00
12	\$ 25.00
13	\$ 20.00
14	\$ 10.00
15	\$ 15.00
16	\$ 20.00
17	\$ 21.00
18	\$ 15.00
19	\$ 10.00
20	\$ 26.00
21	\$ 14.00
22	\$ 10.00

Chapter	Dues Amount
23	\$ 10.00
24	\$ 20.00
25	\$ 10.00
26	\$ 10.00
27	\$ 10.00
28	\$ 25.00
31	\$ 30.00
32	\$ 42.00
33	\$ 15.00
35	\$ 5.00
36	\$ 20.00
37	\$ 25.00
38	\$ 25.00
39	\$ 0.00
39A	\$ 0.00
40	\$ 20.00
41	\$ 20.00
42	\$ 25.00
43	\$ 25.00
44	\$ 10.00
45	\$ 12.00
46	\$ 20.00

Chapter	Dues Amount
47	\$ 30.00
49	\$ 25.00
50	\$ 10.00
51	\$ 20.00
52	\$ 10.00
53	\$ 10.00
55	\$ 15.00
56	\$ 10.00
57	\$ 20.00
64	\$ 5.00
67	\$ 25.00
70	\$ 10.00
71	\$ 10.00
72	\$ 25.00
73	\$ 20.00
74	\$ 10.00
75	\$ 20.00
77	\$ 10.00
78	\$ 25.00
82	\$ 10.00

Total International Dues (See Section 1 Above)	\$ 127.50
Total Chapter Dues (See Section 2 Above)	-
GRAND TOTAL	\$ 127.50

Credit Card Payment Information (Please Check Appropriate Box Below)

AMEX Visa M/C Discover Wire Transfer

Credit Card Number _____ Expiration Date _____

Name on Credit Card _____

Signature _____ Date _____

Approval to Charge Total (Box Must be Checked)

Applicant's Name Jaine Salinas Date 8/7/2014

Signature [Handwritten Signature]

Payment Method:

Payment by Credit Card

You can fax, e-mail or mail your completed form to the address below.

Payment by Check

Mail full payment with your application (*Make a Copy for Your Records*).

Company Invoice

If your employer requires an invoice, please contact IRWA Member Services.

Payment by Wire Transfer

Please contact us for Wire Transfer instructions.

Questions?

If you have any questions about membership, our Member Services staff is available to assist you. Please contact us at (310) 538-0233, extension 120 or 134. We look forward to serving you as an IRWA member.

How did you hear about IRWA?

Mail Internet Chapter IRWA Ad

E-mail Tradeshow Professional Associate

Other Previous Member

Chapter Approval (Chapter Secretary or Membership Chair)

Print Name _____

Signature _____ Date _____

FOR IRWA USE ONLY

Date Received _____ Date in NF _____

Date Approved _____ Date on PM List _____

Membership # _____ Verified By _____