

**KENTUCKY CHAPTER OF IAAO
MEMBER INFORMATION FORM**

LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

TITLE _____

OFFICE _____

ADDRESS _____

PHONE NUMBER _____

FAX NUMER _____

E-MAIL ADDRESS _____

NATIONAL IAAO MEMBER **YES** _____ **NO** _____

KY DESIGNATION **CKA** _____ **SKA** _____

ARE YOU A CANDIDATE FOR AN IAAO DESIGNATION?
(CHECK IF APPLICABLE)

CAE _____ **RES** _____ **CMS** _____ **PPS** _____ **AAS** _____