



Member Roster

Kachina Chapter, IAAP

Name: _____ IAAP Member Since: _____

Address: _____ Birthday (Month & Day): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email (personal) _____ Email (work): _____

Employer (include address) _____

IAAP Offices held (Year & Office)

Comittee Chairships (Year & Committee)

Honors:

Hobbies: _____

Other Affiliations or Professional Memberships: _____

Special Skills (Software expertise, etc.) _____

Send Changes to:
Theresa Lovato, CPS/CAP
PO Box 40534
Phoenix, AZ 85067
Emai: tlovato@merchantsinfo.com

This roster information is confidential, for the use of Kachina Chapter members only.