

I A H S P

The International Association of Home Staging Professionals®

MEMBERSHIP APPLICATION

Please Print

Name: _____ Date: _____

Home Address: _____

Company Name: _____

Company Address: _____

Home Phone: _____ Work Phone: _____

Other Phone Numbers: _____

Email Address: _____

Designations you currently hold: _____

Other Associations you currently belong to: _____

Currently Conducting Business as: *(circle one)* Realtor®, ASP™
Other

Professional areas you would like to receive more training in: _____

Would you be interested in being on the Board of Directors of the IAHSPP? _____

Would you be interested in helping the Association with convention committee, email newsletters, being featured on a conference call for the association, writing an article for the email newsletter, etc. _____

Membership: \$150 (US) a year

Signature _____ Date: _____

Membership paid by: *(Circle One)* Cash, Check, Visa, MasterCard, Discover

Bank card #: _____ Exp Date: _____

The International Association of Home Staging Professionals®

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