

**IAP DUES RENEWAL NOTICE  
FOR FISCAL YEAR 2017-2018**

IAP membership renewal dues for the next fiscal year are due by **September 30, 2017**. Please remit renewal dues along with this form according to the following schedule:

- |                          |                       |           |
|--------------------------|-----------------------|-----------|
| <input type="checkbox"/> | Active Status         | \$40.00   |
| <input type="checkbox"/> | Active Status Pending | \$35.00   |
| <input type="checkbox"/> | Student               | \$25.00   |
| <input type="checkbox"/> | Supporting            | \$75.00   |
| <input type="checkbox"/> | Retired               | no charge |

If you have not met your 6-hour CLE requirement for the 2016-17 year (October 1, 2016, through September 30, 2017), please submit your CLE Waiver Request and/or additional Certificates of Attendance with your renewal or, in the alternative, advise if you will be attending the IAP Fall Seminar as those hours may be applied to either the 2016-17 year or the 2017-18 year.

- |                          |                                      |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Waiver Request enclosed              |
| <input type="checkbox"/> | Certificates of Attendance enclosed  |
| <input type="checkbox"/> | I will be attending the Fall Seminar |

Please check your membership status. If your status has changed, you must submit a change of status application and supporting documents before or with your renewal. An administrative fee will not be collected on applications submitted for the purpose of changing membership status. A change of status request may be found on our website at [www.idahoparalegals.org](http://www.idahoparalegals.org).

**PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION TO ENSURE  
ACCURACY ON THE ROSTER**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

Specialty: \_\_\_\_\_

Where do you prefer your mail and e-mails be sent?     Home     Work

Please return this form no later than **September 30, 2017**, with your dues, CLE Certificates of Attendance, any CLE waiver requests, and/or change of status request to IAP, P.O. Box 1254, Boise, ID 83701, Attn: Dues Renewals.

**Renewals and waiver requests received after September 30, 2017, will be considered on a case-by-case basis by the Board of Directors. Late renewals may be charged an additional fee.**