

**INTERNATIONAL PUBLIC MANAGEMENT ASSOCIATION  
FOR HUMAN RESOURCES - WISCONSIN CHAPTER**

(visit our website at <http://www.wiscipma.org> )

**MEMBERSHIP FORM**

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- I **am** a national member of IPMA-HR. Enclosed is a check for \$5.00 for a **one-year** IPMA-HR-WI Chapter membership.
- I **am not** a national member of IPMA-HR. Enclosed is a check for \$40.00 for a **one-year** IPMA-HR-WI Chapter membership.

**Please make checks payable to: WISCONSIN CHAPTER – IPMA - HR**

Information on becoming a national member of IPMA-HR can be found at  
<http://www.ipma-hr.org>

**RETURN THIS FORM AND PAYMENT TO:**

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**Please use the space below to indicate topics and formats you would like to see for future meetings. Also, indicate the benefits you would like to gain from your IPMA-HR membership. Please continue on the back if necessary:**