

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

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

MEMBERSHIP FORM

Name: _____ **Date:** _____

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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:

Michael Lipski
Treasurer – IPMA HR - WI
City of Madison
210 Martin Luther King Blvd., Room 501
Madison, WI 53703
MIpski@cityofmadison.com

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: