## Iowa Association of Administrative Law Judges (IAALJ) Membership Application

Name:					
Last			First		MI
Home address:					
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Home whome	City		State		Zip Code
Home phone:	` ,				
Work phone: Agency name:	( ,				
Business address:					
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	City		State		Zip Code
Please send my mai	l to:	Home		Work	-
Personal email addı					
Work email address	s:				
Please send my ema	ail to:	Personal		Work	
Job title:				Full time? _	Part-time?
Please check below	if you	are interested	l in wor	king on any	of the following for IAALJ:
Membership: CLE: Communications:					
Legislation/Rules: Technology:					
Are there other issu	es that	you think the	e IAAL	should add	ress?
Signature:					Date:
Thank you for your interest.					
Please enclose annu			nd send	to:	
IAALJ, c/o Dawn B					
Iowa Workforce Development					
1000 E. Grand Ave.	10				
Des Moines, IA 50319. (Due date: July 1. Delinquent date: September 1)					
(Due date, july 1. Demiquent date. September 1)					