



ALABAMA CHAPTER OF THE INTERNATIONAL ASSOCIATION OF ASSESSING OFFICERS

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IAAO Representative
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Name: _____ Job Title: _____

Jurisdiction/Firm: _____

Office Street Address: _____ Office City: _____

Office State: _____ Office County: _____ Office Zip/Postal Code: _____

Office Email: _____ Office Phone: _____

Please complete this application and return with payment of dues. This statement serves as notice for payment of the Alabama Chapter of IAAO annual dues. The 2026 dues are due January 30, 2026, and are delinquent as of March 2, 2026. Dues for 2026 are as follows:

Active membership is \$50.00 per person.

Questions may be sent to: jhadaway@shelbyal.com 205-670-6942.

Name (Print): _____ I hereby apply for membership in the Alabama Chapter of the International Association of Assessing Officers and agree to comply with the requirements of the IAAO Code of Ethics and Standards of Professional Conduct. If accepted for membership, I will abide by the IAAO Constitution, pay the established dues, and comply with the Code and Standards.

Signature: _____ Date: _____

To ensure proper credit, please return a copy of this notice with your payment. Your canceled check will serve as your receipt.

Make checks payable to Alabama Chapter of IAAO

Mail to – Alabama Chapter of IAAO

Attn: Jordan Hadaway, Treasurer

Post Office Box 1269

Columbiana, AL 35051