NEW MEMBERSHIP APPLICATION

Your Information (please print or type)

Name:_____

Company Name: _____

Address:_____

City, State, Zip:_____

Country:_____

Email:_____

CC:_____

Phone: _____Fax:_____

Profession:_____Position:_____

FOR STATISTICAL PURPOSES ONLY (will not be published)

Date of Birth:_____ Date Started Practice:_____

Select Your Membership:

___ **Regular Membership ($225)**

___ **New Practitioner ($95)**
(<3 Years in Practice)

___ **Government and Academic Members ($75)**

___ **Student Member ($20)**
Limited to 4 years

OPTIONAL: INSOL International Membership Dues and Sponsorship

___ **New Membership ($135)**

___ **Renewal Membership ($135)**

___ **Individual Sponsor ($200)**

TOTAL: $_____

As of 7/08/2014

Take this opportunity to participate in IWIRC (check if applicable)

___ I am interested in becoming more involved in a local network in my area, please send me more information.

___ I am interested in volunteering for a committee, please send me more information.

Please indicate which committee(s) you are interested in:

_____

Please list my primary network as:

_____

In addition to my primary network, I would like to be included on notifications from the following networks (please list no more than five networks):

_____

How did you hear about IWIRC? If you were referred by a current IWIRC member, please list his/her name. _____

Membership fee is payable by Check or Credit Card (MasterCard, Visa, Amex)

___ **I have enclosed a check.**
(Must be in US dollars or check bank draft drawn on a US bank)

___ **I am paying by credit card.**
To pay by credit card, please c*omplete the following information:*

Circle card type: MC Visa AMEX
Cardholder Name:_____
Credit Card Number :_____
Expiration Date (MMYY):_____
CVV2#:_____

Completed applications may be sent to:

IWIRC, Attn: Shari Bedker
P.O. Box 249
Stanardsville, VA 22973
Tel: (434) 939-6002 • Fax: (434) 939-6030
Email: kdawson@iwirc.com

As of 7/08/2014