

## IADRS Membership Application

Please fill out the application legibly and completely. For additional members, please use a separate sheet.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Department or Team: \_\_\_\_\_

Individual Membership-Annual dues are \$25.00 payable in U.S. funds, \$40.00 payable in U.S. funds for Canadian and foreign members.

Team Membership-Please include team roster with each members information. Annual dues are: 4-10 members, \$20.00 per person and 11-20 members are \$18.00 per person. All amounts are payable in U.S. funds.

VISA# \_\_\_\_\_ EXP DATE \_\_\_\_\_

MASTERCARD# \_\_\_\_\_ EXP DATE \_\_\_\_\_

AMEX# \_\_\_\_\_ EXP DATE \_\_\_\_\_

**PERSONAL CHECKS AND MONEY ORDERS ARE ALSO ACCEPTED**

PLEASE RETURN APPLICATION FORM AND METHOD OF PAYMENT TO:

IADRS

201 NORTH LINK LANE

FORT COLLINS, CO 80524

PHONE: 800-423-7791

FAX: 970-482-0893