



Please print and complete this form, sign, and mail with payment: \$60.00US.

Mail To: IASI - P.O. BOX 8664 - MISSOULA, MT 59807 - USA

CONTACT INFO

Name _____

Address _____

_____ City _____

St/Prov _____ Code _____ Country _____

Phone: Office _____ Home _____ FAX _____

Email _____ URL _____

IASI has my permission to email me newsletters and information Yes No

EDUCATION

School _____

Telephone or Email _____ Graduation Date _____

Advanced training or continuing education _____

YEARLY DUES & PAYMENT

Membership Type & Dues (in U S Dollars)

Supporting \$60.00/yr

Dues amount _____ Extra Donation _____ Total Payment _____
From Above Thank You!

Method of Payment

Check payable to IASI Charge MC/VISA below

Name on card _____

Mailing address for card _____

Card # _____ Exp. Date _____

Signature _____