



## 2009 Application for Associate Membership

A business/individual must first complete this application and be approved for membership by the IACP Board of Directors before the agency may participate as an Associate Member of the association.

Name (*individual's name*) \_\_\_\_\_

Title \_\_\_\_\_

Business \_\_\_\_\_

Street Address/PO Box Number \_\_\_\_\_

City, State/Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Website \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DUES DEADLINE: FEBRUARY 27, 2009**

[www.iowaproviders.org](http://www.iowaproviders.org)

Associate Member Dues \$500.00 \_\_\_\_\_

**Total 2009 Dues** \_\_\_\_\_

Application Fee (*New Members Only*) \$100.00 \_\_\_\_\_

*Method of Payment:*

\_\_\_ Check # \_\_\_\_\_

\_\_\_ MasterCard

\_\_\_ VISA

\_\_\_ Discover

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

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

Cardholder Signature: \_\_\_\_\_

**For IACP Use Only**

Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Annual Dues \_\_\_\_\_

Payment Type: Check # \_\_\_\_\_

Credit Card # \_\_\_ MasterCard \_\_\_ VISA \_\_\_ Discover