



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 member's 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.

Credit Card # _____ **EXP DATE** _____

CCV # _____

Billing Address with Zip Code _____

PERSONAL CHECKS AND MONEY ORDERS ARE ALSO ACCEPTED

PLEASE RETURN APPLICATION FORM AND METHOD OF PAYMENT TO:

IADRS 8103 East US Highway 36 - Avon Indiana 46123 OR FAX: 317-641-0730 or email dowens@iadrs.org