

Affiliate Member Application



Affiliate Information

Name _____
Main Contact _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Fax _____ Website _____

Affiliate Contacts

The individuals below will receive IIAI's mailings, electronic newsletter and Viewpoint Magazine.

Name _____
Address _____
City _____ State _____ Zip _____ Phone _____
Email _____ Fax _____

Name _____
Address _____
City _____ State _____ Zip _____ Phone _____
Email _____ Fax _____

Name _____
Address _____
City _____ State _____ Zip _____ Phone _____
Email _____ Fax _____

Affiliate Dues - \$500
Your membership includes organization and personnel to participate in all association activities, programs and services at member rates and receive all IIAI mailings.

Membership Conditions:
Membership runs from September 1st to August 31st.

Signed _____ Date _____

Submit with payment to:

IIAI, 4000 Westown Parkway, Suite 200, West Des Moines, IA 50266 or email to melissa@iiaiowa.org