

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 - **\$600**

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