

Membership Application / Renewal

Membership Dues for the period January 1, 2018 through December 31, 2019 are **USD \$250**.

Please complete the information below to update our records

(Circle One)

Name (Dr., Mr., Mrs., Ms.): _____

Title (Optional): _____

Company: _____

Note: Organization or company memberships must include an individual's name

Address: _____

City: _____ State: _____ Zip/Country Code: _____

Country: _____

Telephone: _____

Cell Phone: _____

E-mail Address: _____

Payment can be made by check payable to "IASH", or by credit card to:

RETURN TO:

Patricia Lee
Email to: plee@iash.net
Darnette Holbert
Fax to: +1 (404) 240-0998

MAIL TO:

Darnette Holbert
c/o Meeting Expectations
3525 Piedmont Road
Five Piedmont Center, #300
Atlanta, GA 30305

If paying by American Express, Visa or MasterCard, please provide the information below:

Name on Card: _____

Credit Card No: _____ Exp. Date: _____

Signature: _____

Check here if paying via wire transfer _____ (an invoice will be sent with bank information)

Note: A \$25 wire fee will be added to cover the cost of wire transfers.
