

### **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/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**If paying by check, please make your check payable to IASH and mail it to:**

IASH Association  
c/o Meeting Expectations  
3525 Piedmont Road  
Building 5, Suite 300  
Atlanta, GA 30305 USA  
ATTN: Darnette Holbert

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

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

**If paying via wire transfer, please check here** \_\_\_\_\_

You will receive an invoice which will include the association banking information.

**Please return this form to Darnette Holbert via fax +1 404.240.0998 or via email at [dholbert@iash.net](mailto:dholbert@iash.net).**