

Membership Application / Renewal

Membership Dues for the period January 1, 2019 through December 31, 2020 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.