

IACCAI
Membership Dues Structure

Please indicate below the membership option of your choice and return to the treasurer at the conference or mail it to:

IACCAI
3221 Northfield Dr.
Springfield, IL 62702
Make your check payable to IACCAI.

- | | | |
|--------------------------|---|-------|
| <input type="checkbox"/> | Option I
IACCAI only | \$40 |
| <input type="checkbox"/> | Option II
IACCAI
IAVAT associate
IACTE
NAAE
ACTE | \$240 |
| <input type="checkbox"/> | Option III
IACCAI
IAVAT full
IACTE
NAAE
ACTE | \$265 |
| <input type="checkbox"/> | Option IV
Associate IACCAI | \$20 |
| <input type="checkbox"/> | Institutional Dues | \$50 |

Member Name: _____

Representing: _____

Business Address: _____

City: _____ Zip: _____

E-Mail _____ Phone: _____

