

IIDA EZ PAY ENROLLMENT FORM

AUTOMATIC DEBIT / CREDIT CARD

For new members, this form must be submitted along with your completed membership application.

Name (last, first): _____

Member Number: _____

1. Your IIDA membership will be activated once your application is approved and your first EZ Pay payment is processed.
2. After your first payment, EZ Pay payments are processed on the twenty-eighth of every month for the following month of membership.
3. New members are subject to a one-time \$75 **NON-REFUNDABLE** IIDA application fee.

PAY THE FULL ANNUAL DUES RATE — OR — PAY IN 12 EQUAL EZ PAY MONTHLY INSTALLMENTS AT THE MONTHLY DUES RATE

| MEMBER TYPE | ANNUAL DUES RATE | MONTHLY DUES RATE |
|--|------------------|-------------------|
| Student Upgrade to Associate Member | \$150 | \$20 |
| Associate 1 Member (1-2 years of membership) | \$307 | \$35 |
| Associate 2 Member (3-5 years of membership) | \$450 | \$45 |
| Associate 3 Member (6+ years of membership) | \$535 | \$55 |
| Educator Associate Member | \$270 | \$30 |
| Educator Professional Member | \$307 | \$35 |
| Dealer Individual Member | \$535 | \$55 |
| Industry Individual Member | \$535 | \$55 |
| Professional Member | \$535 | \$55 |

INTERNATIONAL MEMBERS:

| | | |
|-----------------------------------|-------|------|
| International Associate Member | \$208 | \$25 |
| International Professional Member | \$370 | \$40 |

INACTIVE AND RETIRED MEMBERS:

| | | |
|--|-------|------|
| Associate 1 Inactive Member | \$155 | \$20 |
| Associate 2 Inactive Member | \$235 | \$30 |
| Associate 3 Inactive Member | \$260 | \$30 |
| Professional Inactive Member | \$260 | \$30 |
| Retired Professional or Associate Member | \$215 | \$25 |

Pre-approval required. If you are retired or are unable to continue practicing due to disability, illness, unemployment, or relocation, contact memberservices@iida.org to inquire about Inactive or Retired status.

AmEx Visa MasterCard Signature _____
CC# _____ Exp. Date (00/00) _____ Name on card _____

By signing this form, I authorize IIDA to charge my credit card on the twenty-eighth of each month **until I notify them otherwise.**

Signature _____ Date _____

PROCESSING APPLICATION

Please submit your completed form along with your membership application to:

FAX: 312.467.0779
EMAIL: membership@IIDA.org

QUESTIONS?

Do not hesitate to reach out to IIDA with questions regarding membership or the application process.

PHONE: 312.467.1950

CONNECT

Follow IIDA on social media to stay updated on events and news.

