



MEMBERSHIP APPLICATION

NAME: Last _____ M.I. _____ First _____

☐ Mr. ☐ Mrs. ☐ Miss

PROFESSION/POSITION: _____

COMPANY: _____

ADDRESS: _____ City _____ State _____ Zip _____

PHONE: (Home) _____ (Work) _____ (Cell) _____

E-Mail: _____

TYPES OF MEMBERSHIP:

(Please choose one)

☐ Corporate (dues are \$500.00 per year)

Benefits:

- Membership privileges for four representatives
- Recognition on major organization events and exclusive invitations to events
- Business Logo will be included in our website
- Preferential rates to all organization's program & events
- Participation in business and industry networking
- Access to business and industry expertise and connection

☐ Executive (dues are \$100.00 per year)

Benefits:

- Preferential rates to all organization's program & events
- Participation in business and industry networking
- Access to business and industry expertise and connection

☐ Student (dues are \$50.00 per year)

Benefits:

- Preferential rates to all organization's programs & events
- Participation in business and industry networking
- Access to business and industry expertise and connection

METHOD OF PAYMENT:

☐ Check (Payable to IABC)

☐ Zelle (Please use our email: iabclamembership@gmail.com)

CONTACT: Website: www.iabc-la.org
E-mail: iabclamembership@gmail.com