



# IACA MEMBERSHIP/RENEWAL AND CONTRIBUTION FORM

1281 COOPER LAKE ROAD, S.E., SMYRNA, GA – 30082, U.S.A.

NEW MEMBER

RENEWAL

CHANGE OF ADDRESS

Membership Year 2021

Please find enclosed a CHECK Number \_\_\_\_\_

Family Membership \$ 100

Single Membership \$ 50

Life Membership \$ 1,500

Student Membership \$15

**NAME:** \_\_\_\_\_

(Last)

(First)

(Middle)

SPOUSE: \_\_\_\_\_

(Last)

(First)

(Middle)

Required for Family Membership

**ADDRESS:** \_\_\_\_\_

GA.

ZIP: \_\_\_\_\_

PHONE: (H) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**(E-MAIL ID)** Self \_\_\_\_\_ Spouse \_\_\_\_\_

I agree to the terms of this Membership.

1. I declare that I am resident of the State of Georgia, and upon request shall provide necessary proof.
2. I agree to abide by the Membership Committee approval or disapproval of my membership and hold IACA harmless in case of any disputes. I withdraw any right to contest of any claims.
3. I agree to abide by IACA Constitution and Bylaws as present or as maybe changed from time to time.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**\* FOR OFFICE USE ONLY \***

\$ \_\_\_\_\_ RECEIVED BY  CASH /  CHECK # \_\_\_\_\_ Dated \_\_\_\_\_

ENTERED \_\_\_\_/\_\_\_\_/\_\_\_\_  RECIEPT # \_\_\_\_\_  DEPOSITED \_\_\_\_/\_\_\_\_/\_\_\_\_

APPROVED By: \_\_\_\_\_

Tuesday, August 24, 2021