

# Associate Member Renewal Form

Address Label:

Due Date: **1/01/2020**

Membership #:

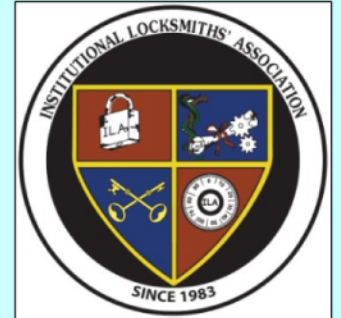
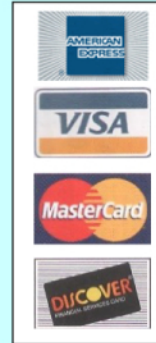
**Associate Membership Dues**

**(January 01, 2020 to December 31, 2020)**

Remit payment to:

**ILA  
P.O. Box 84  
Butler, WI - 53007**

Dues Amount: **\$150.00**



Detach at dashed line    Top portion of this form is for your receipt  
Return the bottom portion with your updated information and payment

**Please print your personal information below and return with your payment.**

Name:

Certifications:

Home Address:

City:

State:

Zip:

Home Phone:

Cell:

Home email:

Date of Birth:

Employer:

Job Title:

Work Address

City:

State:

Zip:

Work Phone:





Work FAX:

Work Cell:

Work email:

All normal correspondence is sent by email only

Please send emails to my Home?  Work?

Card used:         Name as on card: \_\_\_\_\_

Account #: \_\_\_\_\_ Expiration (MM/YY): \_\_\_\_\_

Amount: \_\_\_\_\_ (For Institutions): Tax ID Number \_\_\_\_\_ Security Code: \_\_\_\_\_

*Thank you for your continued support!*