



Associate Membership Application

Yes, we would like to support IIAMD as an Associate Member.

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Main Contact: _____ Email: _____

Additional individuals to receive communications from Big "I" Maryland:

Name #1: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name #2: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name #3: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Associate Membership Dues: \$500

Amount Enclosed/Submitted: _____

Method of Payment: Check (*Payable to IIAMD*)

Credit Card (secure payments can be made online at bit.ly/iiamd-pmt)

Signature: _____ Date: _____

Return form with payment to: IIAMD, 2408 Peppermill Dr., Ste A - Glen Burnie, MD. 21061

You may also email your application to membership@iiamd.org or fax to 410.766.0993