



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 IIAMD:**

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**

*\*\*Dues are non-refundable\*\**

Amount Enclosed/Submitted: \_\_\_\_\_

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

Credit Card (electronic invoice will be emailed to main contact)

eCheck (electronic invoice will be emailed to main contact. \$3 fee applies)

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](mailto:membership@iiamd.org) or fax to 410.766.0993