

# IFSEA MEMBERSHIP APPLICATION

**PLEASE PRINT LEGIBLY**



**Please Submit Completed Application & Payment**

**Mail to IFSEA at:** IFSEA, 4955 Miller Street #107, Wheat Ridge, CO 80033

**Or Fax to:** 303.420.9579 **Questions:** 800.893.5499 ~ ifseahqoffice@gmail.com ~ IFSEA.com

IFSEA does not give your information to third parties. This information is used for IFSEA to contact you.

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

**Membership Status** (*Please check*)     NEW MEMBER     RENEWING MEMBER

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

**COMPANY/SCHOOL/MILITARY** \_\_\_\_\_

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

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Which Address is this for?** (*Please check*)     WORK     HOME

**PHONE NUMBER** \_\_\_\_\_

**Which Phone is this for?** (*Please check*)     HOME     WORK     CELL

**EMAIL** \_\_\_\_\_

**WHO REFERRED YOU TO IFSEA?** \_\_\_\_\_

**WHICH BRANCH ARE YOU JOINING?** \_\_\_\_\_

## **IFSEA MEMBERSHIPS**    *\*Please Check Membership You Are Purchasing*

- Professional/Allied Member: \$150
- Young Professional Member (Non-Student Under 35 Years of Age): \$125
- Student Member: \$30
- Active Military Member: \$50
- Retired Professional Member: \$50
- Student Contribution: \$10

**Total Amount Enclosed:** \$ \_\_\_\_\_ *Memberships are for one year*

## **PAYMENT METHOD**

**Credit Card:**    VISA    MasterCard    American Express

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card: \_\_\_\_\_

**Check:** Check Number \_\_\_\_\_

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