



## IAM-YP Membership Form

Please Print Legibly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth date: Month \_\_\_\_\_ / Year \_\_\_\_\_ *(Required for Membership Verification)*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ State: \_\_\_\_ Country: \_\_\_\_\_ Region: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Link to Website: Yes\_\_ No\_\_

Business Type: \_\_\_\_\_

**Signature:** \_\_\_\_\_ *(Required)*

**Date of Signature:** \_\_\_\_\_ *(Required)*

Other Information: \_\_\_\_\_

\*\*\*\*\* **Payment Information** \*\*\*\*\*

**IAM-YP Annual Dues: US\$100.00**

### Credit Card

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*\*\*\*\* **Questionnaire** \*\*\*\*\*

Are you interested in becoming active in the organization/committee? \_\_\_\_\_

What is your current position? \_\_\_\_\_

How did you hear about IAM-YP? \_\_\_\_\_

Your current age: \_\_\_\_\_