

MN IAI ANNUAL DUES RENEWAL FORM

First, Middle, Last Name _____ Member # _____

Employed by _____ Official title _____

Business address _____

City _____ State _____ Zip+4 _____

Phone () _____ Fax () _____ e-mail _____

Home address _____

City _____ State _____ Zip+4 _____

List any IAI certifications you may have _____

Do you prefer your membership card be sent to your home _____ or office _____?

Our newsletter is sent via email unless otherwise indicated (check here) _____

Circle one: home address or office address

The \$25 membership fee must accompany all renewal applications. Make checks payable to MDIAI. An additional \$5 for a lapel pin (plus 50 cents shipping) is optional.

Signature of Member _____ Date _____

Return completed form and membership fee to:

Jennifer Jaspersen,
Secretary/Treasurer MN IAI
6925 75th Avenue North
Brooklyn Park, MN 55428



INTERNATIONAL

Dues renewals also
available online at:
www.mniai.org