MNIAI 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_____

Do you wish to receive an electronic membership card? Yes_____ No_____

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

Circle one: home address or office address

Are you a member of the parent body IAI? Yes_____ No_____

What IAI certifications do you hold; CLPE, CCSI, etc.?_____

The $30 annual membership fee must accompany all renewal applications. Make checks payable to MNIAI.

Signature of Member _____ Date _____

Return completed form and membership fee to:

Jennifer Jaspersen,
Secretary/Treasurer MNIAI
7964 Brooklyn Blvd, Suite 105
Brooklyn Park, MN 55445

INTERNATIONAL ASSOCIATION
FOR IDENTIFICATION