

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

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 \$25 annual membership fee must accompany all renewal applications. Make checks payable to MDIAI. An additional \$7 for a lapel pin (plus \$1 shipping) is optional.

Signature of Member _____ Date _____

Return completed form and membership fee to:

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



INTERNATIONAL ASSOCIATION
FOR IDENTIFICATION