



This form is for those paying with a check. Please print the form and mail the completed copy (keeping a copy for your records) along with your remittance. You will be notified upon acceptance of your application.

\*What is your E-mail address? \_\_\_\_\_

**Enter your contact information below:**

Name: \_\_\_\_\_ IH Designation: \_\_\_\_\_  
(CIH,CSP, etc. - Please limit to your primary)

**My contact and other information remains the same.**

IF REQUIRED, please make any changes in the form fields below (do not check above).

Title: \_\_\_\_\_

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

Address: \_\_\_\_\_  Work  Home

Address 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Work  Home Fax Number: \_\_\_\_\_

**Additional Information:**

Membership Level (Select One):

- Full Membership - \$25
- Student Membership - \$5
- Honorary (send form, dues are waived)
- Associate Membership - \$25
- Organizational Membership - \$50
- Life (send form, dues are waived)