2101 Magnolia Ave., Suite 100A
Birmingham, AL 35205
Phone: (888) 682-2208
(205) 226-3522
Fax: (205) 226-3525
www.iridologyassn.org

Dear IIPA Member:

Please take this opportunity to renew your IIPA Membership, dues are listed below. **Please fill out all information provided and return this form with your payment.**

I am renewing my membership as: (check one)

- o Associate Membership - $49.00. Eligibility: See general requirements below.
- o Certified Membership - $99.00. Eligibility: IIPA Certified Iridologist.

__General Requirements:__ Individuals and organizations in all classes of membership shall have a reputation for sound character and integrity; agree to abide by the Bylaws, the Member Code of Professional Ethics and such other rules or regulations as may be adopted by the Board of Directors.

Name____Date__________________

Company____Title_______________________

Professional Degree in Healthcare field? ___Yes ___No Please indicate:______________________

Address____

City____State/Province___________________

Zip/Postal Code___________________Country_____________________________________

Telephone_________________________________Fax______________________________

Email____

In your Iridology practice do you use a: _____________film camera ____________digital camera

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Select method of payment:

Enclosed is my check in the amount of $_____________.

Please charge my credit card (Visa / Mastercard) in the amount of $___________.

Card No. __________________________________ Expiration Date:_______3- digit Code_____
(on back of card)

Signature as on card: ____

Note: All payments are to be made in U.S. funds and are tax deductible if applicable.

Revised: 08/2009