



Application for Retired Membership*

Annual dues: US\$100

Enter member information.

Name: Mr. Ms. Mrs. _____

Address: _____

City: _____ State/Province: _____

Country: _____ ZIP/Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Spouse's name (optional): _____

Position from which I retired: _____

Company name and location: _____

Would you like to refer another industrial asset executive to IAMC? Yes (fill in info below) No

Name: _____

Company: _____ Telephone: _____

Enter payment information.

PAYMENT AUTHORIZATION – Please complete the following payment authorization to be processed upon acceptance of your application:

Please invoice me.

Check enclosed (payable to: **IAMC**).

Please charge US\$100 to my credit card: American Express MasterCard VISA

Name on credit card (please print): _____

Account number: _____ Expiration Date: _____

I agree to abide by the above provisions of RETIRED membership and, if accepted, to abide by the Council's bylaws and code of ethics, support its objectives and pay the dues established by the IAMC Board of Directors.

* *Applicant must not be employed in a full-time capacity.*

Applicant's Signature: _____ Date: _____

For U.S. Federal Income Tax purposes, IAMC dues are not deductible as a charitable contribution; however, members can deduct most of their dues as an ordinary and necessary business expense.

Mail or fax all applications to:
IAMC
WORLDWIDE HEADQUARTERS
6625 The Corners Parkway, Suite 200
Norcross, Georgia 30092 USA
Phone: (770) 325-3461 • Fax: (770) 263-8825
www.iamc.org