IIDA Headquarters - 222 Merchandise Mart, Suite 567, Chicago, IL 60654 -1104
**Phone:** 312.467.1950 **Toll free:** 888.799.IIDA **Fax:** 312.467.0779
Website: www.iida.org

## EZ Pay Enrollment Form for New IIDA Members*
## Automatic Debit – Credit Card

(* This form must be submitted along with your completed Membership application)

Name:_____ Member # _____
**Please Print: LAST, FIRST**

**Please fill out this form and return no later than December 15, 2010.**

**First payment will be processed January 15, 2011.** Subsequently your card will be charged the 15th of each month.

**You will be charged a one time $20 non-refundable fee for joining the EZ Pay Program.**

**Your $75 non-refundable application fee will be charged up-front and separately.**

☐ VISA ☐ MC ☐ AMEX Dues Amt_____

Credit Card # _____ Exp Date _____

Signature: _____ Date _____

By signing this form I authorize IIDA to charge my credit card on the 15th of each month until I notify them otherwise.

**Fax to the attention of the Accounting Department 312.379.5152 or 312.467.0779**