



IIDA Headquarters - 222 Merchandise Mart, Suite 567, Chicago, IL 60654 -1104
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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 to IIDA Headquarters.

Your credit card will be processed on the 15th of each month.

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

VISA MC AMEX Membership Type _____

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.

Please send to the attention of the Membership Department:

Fax: 312.379.0005

Email: membership@iida.org