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

2011 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