

# Membership Application Form Please type or print

**Mail to:** International Military Community Executives Association  
1530 Dunwoody Village Parkway, Suite #203, Atlanta, GA 30338  
Phone 770.396.2101 Fax 770.396.2198 Email: imcea@imcea.com Website: www.imcea.com

Name \_\_\_\_\_  Male  Female

Company \_\_\_\_\_ Job Title \_\_\_\_\_

Work Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/APO/FPO \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Web \_\_\_\_\_

Date of Birth \_\_\_\_\_ Referred by \_\_\_\_\_

## Payment Information (Please circle one)

Check    Master Card    Visa    American Express    Discover

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name on Card \_\_\_\_\_

*Please note that this form can not be processed without payment.*

## Annual Membership Fee Structure:

■ Associate  
Membership: **\$525**  
(for the first person at  
any company)

■ Additional  
Memberships: **\$150**  
(available when there  
is one paid Associate  
membership for the  
parent company)

### NOTE:

Please include a 25-30 word description with your application and email a company logo (min. 300 dpi, jpeg format) to imcea@imcea.com.