

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

US Army US Navy US Air Force US Marine Corps US Coast Guard

Name _____ Male Female

Installation _____ Job Title _____

Work Mailing Address _____

City _____ State/APO/FPO _____ Zip _____ Country _____

Office Phone _____ Fax _____

Email _____ 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 _____

I hereby make application for membership in the following category:

Position Member \$225*

Regular Member \$30

Lifetime Member \$350

Retired/Inactive Member \$50

Affiliate Member \$50

Annual Membership Fee Structure:

■ Position Membership: \$225
(*for the first person at any installation)

■ Regular Membership: \$30
(available when there is one paid position membership)

■ Lifetime Membership: \$350
(one time payment)

■ Retired/Inactive Membership: \$50

■ Affiliate Membership: \$50