



## IADLEST Membership Application

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address (Office): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address (Home): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sponsoring State Director Member: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please send mail to my (check one): ( ) Home ( ) Office address.

Membership Category (check one): ( ) Director (\$400) ( ) General (\$100) ( ) Sustaining (\$200)

Print this form, complete it and mail with dues to:

IADLEST  
2521 Country Club Way  
Albion, Michigan 49224

**Make check payable to: IADLEST.**

Visit the IADLEST Web Site at [www.iadlest.org](http://www.iadlest.org) for additional information.

Thank you for your interest in joining IADLEST!

**If this form did not fit on one sheet of paper, reduce the font size.**