

Gift Membership

Enclosed is my payment of **\$20.00** (US) for a 1 year Gift Membership.

Given by:

Please Type or Print

My Name: _____

Address: _____

City, State/Province, Zip/Postal Code: _____

Country: _____

Email address: _____

Phone: () - _____

To Pay by Check, Make Payable to IAIE and mail to:

**IAIE Gift Membership
PO Box 5173
Marietta, GA 30061-5173**

To Pay by Master Card or Visa:

Check one: Visa___ / MasterCard___ Account #: _____

Expiration Date: _____ 3 Digit Code (on back of card): _____

Print Name as it appears on card: _____

Billing Address if different from above: _____

Signature: _____ Date: _____

Given to:

Please Print

Recipient's Name: _____

Address: _____

City, State/Province Zip/Postal Code: _____

Country: _____

Email address: _____

Phone: () _____

Recipient's Profession: _____