



IDA MEMBERSHIP APPLICATION

June 2016

Membership Category	Type	Eligibility	Dues
Class II/Individual:	<u>A</u>	Individuals	\$135
Class II/Add'l Corp. Member:	<u>D</u>	Employees of Corporate Members	\$85
Class III:	<u>A</u>	Students	\$25

Name (Last, First, Middle) (please attach business card if available)

Company _____ Job Title _____

Address _____

Telephone _____ Facsimile _____ Email _____

I verify I am 35 years of age or younger

Date of Birth: ____ / ____ / ____

American Express Credit Card Number _____
 MasterCard Name of Cardholder _____
 Visa Expiration Date _____ CID # (required)** _____
 Discover Signature _____

Check Enclosed (Please remit in USD) CHECK NUMBER: _____

**3 digits on back of Visa or MasterCard, 4 digits on front of American Express

INTERNATIONAL DESALINATION ASSOCIATION

Please direct inquiries to the IDA Membership: membership@idadesal.org
 or Fax: [+1.978.887.0411](tel:+19788870411)