

# NEW MEMBER INFORMATION

NAME

\_\_\_\_\_

DATE

\_\_\_\_\_

COMPANY NAME

\_\_\_\_\_

MAILING ADDRESS

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP

\_\_\_\_\_

Please indicate preferred phone number(s) for contacting you by phone

(\_\_\_\_) \_\_\_\_\_ Day Phone Number

(\_\_\_\_) \_\_\_\_\_ Fax Number

(\_\_\_\_) \_\_\_\_\_ Night Phone Number

\_\_\_\_\_ E-mail

PLEASE WRITE CLEARLY

SPECIALTIES \_\_\_\_\_

## MEMBERSHIP DUES

Initial \_\_\_\_\_ Please automatically debit my checking or credit card account \$29.95 monthly. I will notify you of changes regarding my account when necessary. My first debit will occur immediately.

**Electronic Checking:** Write a check for first month and attach additional check with "VOID" written on it to allow IGPC to verify the account number and to notify your bank of this Agreement for pre-authorization.

ACCOUNT NUMBER

ROUTING NUMBER

\_\_\_\_\_

BANK NAME

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Credit Card Authorization:**

VISA     MASTERCARD     DISCOVER     AMEX

ACCOUNT NUMBER

EXPIRATION DATE

\_\_\_\_\_

CARDHOLDER'S SIGNATURE \_\_\_\_\_

The above authorizes IGPC and its agents, including financial institutions, to initiate electronic debit entries or credit card charges as indicated above. This authority will remain in effect until I notify IGPC in writing with thirty day's notice.

Initial \_\_\_\_\_ I choose instead to pay for the first year in full at \$295. (\$75 initiation fee waived.) Please invoice me each twelve months.

Please complete and fax toll-free to: 888-244-9541