

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