



International Military Community Executives' Association

APPLICATION FOR _____ CHAPTER MEMBERSHIP

NAME _____ MALE FEMALE

INSTALLATION _____ JOB TITLE _____

MAILING ADDRESS _____ CITY _____

STATE/APO/FPO _____ ZIP _____ COUNTRY _____

OFFICE PHONE: _____ FAX _____

EMAIL: _____ DATE OF BIRTH _____ REFERRED BY _____

Member of National IMCEA? Yes No If Yes, IMCEA Member Number: _____

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P.O. Box 7286

Alexandria, VA 22307-0286

Attn: Chapter Membership

For National Use Only: Accepted By: _____ Date: _____ Approved: _____ IMCEA Membership Number: _____

Please choose one

Chapter Membership

New REGULAR (\$15)

NEW ASSOCIATE (\$75)

RENEWING REGULAR (\$10)

RENEWING ASSOCIATE (\$50)

(Chapter Members must be members of National IMCEA)

If you are *not* a member of IMCEA, please join now:

POSITION (\$225)

REGULAR (\$30)

LIFETIME (\$350)

RETIRED/INACTIVE (\$50)

AFFILIATE (\$50)

ASSOCIATE (\$525)

ADDITIONAL (\$150)

(New Associate Members Note:

Please include a 50-word description of your company with your application and email a company logo (min. 300 dpi, max. 250x250 pixels, .jpeg or .png format to imcea@imcea.org)

IMCEA Chapter Members

are pre-approved to

Join our group



Members of IMCEA