



INDUSTRIAL INSTRUMENTATION & CONTROLS TECHNOLOGY ALLIANCE
PO Box 879794 ♦ Wasilla, Alaska 99687 ♦ Phone: 907-982-9252

Application for Membership

_____ (name of individual, firm, or facility), hereby officially apply for membership in the Industrial Instrumentation & Controls Technology Alliance.

It is understood that by completing this application, I/we agree to uphold the bylaws of the IICTA and work to accomplish the vision, mission and goals of the organization.

Please indicate the level of membership that you are applying for:

_____ Student -- \$10

_____ Individual -- \$100

_____ Education Site -- \$500

_____ Associate -- \$750

_____ Industry Site -- \$1500

_____ Industry Corporate -- \$5,000

_____ Industry Platinum -- \$10,000

I/we understand that in order to maintain our status as a member in good standing, the membership level must be maintained in a current status as per the bylaws.

Signed this _____ day of _____, _____

Signature of authorized representative: _____

Printed name of representative: _____

Contact information (please print or type)

Email Address: _____

Phone numbers: Office _____, Fax _____, Mobile _____

Mailing Address: _____

Please mail to the address noted above or fax to IICTA at 1-866-710-9511.