

**MEMBERSHIP DUES FORM: AFFILIATE CHAPTER DISCOUNT**

Name of Chapter \_\_\_\_\_

Contact Person \_\_\_\_\_

Chapter Office of Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Number of members for which membership dues are being sent \_\_\_\_\_

This number x \$25.00 per member equals total amount sent \_\_\_\_\_

*(Note that dues sent as part of an affiliate chapter are \$25.00 per member. Sent individually, they are \$45.00.)*

**Make checks payable to ITAG. Send to:**

ITAG Treasurer  
8345 University Blvd., Suite F-1  
Des Moines IA 50325-1168  
Phone (515) 225-2323, FAX (515) 225-6363  
E-mail: [iowatag@aol.com](mailto:iowatag@aol.com)

Please attach list of members and addresses to be used for mailing the ITAG newsletter to each member.

I certify that the persons on the attached list are members of the chapter above and are applying for ITAG membership.

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date