

ILTA Membership Application
(Your membership with ILTA will expire 12 months from the start date)

The space below is provided for your contact information:

First Name:

Middle Initial:

Last Name:

Institution:

Address:

City:

State:

Zip:

Country:

Home Phone:

Work Phone:

Email:

ILTA Membership Dues

Please circle one: Student Regular Institution
 \$35 \$50 \$115

Method of payment:

_____ Check (U. S. Dollars only) _____ Credit card: (VISA, MasterCard)

If paying by credit card complete the following information and fax to the ILTA Business Office 001-205-823-2760:

Account Number:

Expiration Date:

Print name as it appears on Card:

Authorized Signature:

Please make your payment to "ILTA" in U.S. currency and return with this form to:
ILTA Dues Payment * 3416 Primm Lane * Birmingham, Alabama 35216, U. S. A.