



Be Informed.
Stay Connected.

MULTIPLE REGULAR MEMBER FORM

COMPANY NAME: _____

1. **Complete your credit card details.** (You may also pay by check or wire if preferred. For wire information, please contact Tatiana Veres at tveres@ieca.net for details.)
2. **Type in contact information for all members to be credited for dues payment** (if possible, please do not hand write)
3. **Return to the IECA one of two ways:** (Please note best practices indicate that you should not email credit card information.):
 - a. Fax to 856-439-0525 Attention to: Tatiana Veres
 - b. Mail to: 1120 Route 73, Suite 200
Mount Laurel, NJ 08054

* NEW! Add on the Commodity Regulation Working Group (CRWG), formally the Dodd-Frank Working Group, to your IECA membership subscription. A nominal annual fee of \$150 for members will be required to participate effective for 2020. Please note online payments MUST be received by 12 p.m. ET on Wednesdays in order to participate in that week's Friday call. (Payments received after 12 p.m. on Wednesdays will be added to the FOLLOWING week's Friday call.) For more information, please contact info@ieca.net

Total Amount to be charged to card (# of members x \$425): _____			
*If any members are adding the CRWG (Formally Dodd-Frank Working Group) access to their membership, please add an additional \$150 per member.			
<input type="checkbox"/>	Visa	<input type="checkbox"/>	MasterCard
<input type="checkbox"/>	American Express		
Card Number:	_____	Expiration:	_____
Cardholder Name: _____			

If you are instead paying by check or wire, please check one of the boxes below.

Paying by Check:

Paying by Wire:

Please list the contact detail for the decision maker on IECA membership/event attendance for your company below:

Name/Title: _____

Company: _____

Phone Number: _____

Email: _____

Return completed application to:
 1120 Route 73, Suite 200
 Mount Laurel, NJ 08054
 Fax: 856-439-0525



Be Informed.
Stay Connected.

Please provide an email address and/or phone number should we need to contact you with questions regarding your application. If the same as above, please note "same".

This form was completed by: _____
Company: _____
Phone Number: _____
Email: _____

Please keep in mind that memberships will take 2-3 business days to process once payment is received.

IECA takes our data responsibilities very seriously and we want you to have confidence in how we handle your personal data. The data provided will only be used by IECA to conduct the necessary business of the association in serving you. Please contact IECA via info@ieca.net if you wish to have your information corrected or deleted. Your contact information is being collected for the purpose of being able to communicate with you. Other data collected is being used to help customize your experience within our organization. By renewing your IECA membership or joining the association, you are agreeing under the IECA privacy statement that IECA can use your personal information for the purpose of updating you about the association.

Please fill in all information for each member

NAME: _____
TITLE: _____
ADDRESS: _____
CITY, STATE ZIP: _____
COUNTRY: _____
TELEPHONE: _____
EMAIL: _____
EDUCATION GROUPS: CAEG CLEG DEPG PDIG
 *CRWG (Formally Dodd-Frank) \$150

Return completed application to:
1120 Route 73, Suite 200
Mount Laurel, NJ 08054
Fax: 856-439-0525



Be Informed.
Stay Connected.

NAME: _____
TITLE: _____
ADDRESS: _____
CITY, STATE ZIP: _____
COUNTRY: _____
TELEPHONE: _____
EMAIL: _____

EDUCATION GROUPS: CAEG CLEG DEPG PDIG
 *CRWG (Formally Dodd-Frank) \$150

NAME: _____
TITLE: _____
ADDRESS: _____
CITY, STATE ZIP: _____
COUNTRY: _____
TELEPHONE: _____
EMAIL: _____

EDUCATION GROUPS: CAEG CLEG DEPG PDIG
 *CRWG (Formally Dodd-Frank) \$150

NAME: _____
TITLE: _____
ADDRESS: _____
CITY, STATE ZIP: _____
COUNTRY: _____
TELEPHONE: _____
EMAIL: _____

EDUCATION GROUPS: CAEG CLEG DEPG PDIG
 *CRWG (Formally Dodd-Frank) \$150

Return completed application to:
1120 Route 73, Suite 200
Mount Laurel, NJ 08054
Fax: 856-439-0525



Be Informed.
Stay Connected.

NAME:	_____
TITLE:	_____
ADDRESS:	_____
CITY, STATE ZIP:	_____
COUNTRY:	_____
TELEPHONE:	_____
EMAIL:	_____
EDUCATION GROUPS:	CAEG <input type="checkbox"/> CLEG <input type="checkbox"/> DEPG <input type="checkbox"/> PDIG <input type="checkbox"/>
	<input type="checkbox"/> *CRWG (Formally Dodd-Frank) \$150

Return completed application to:
1120 Route 73, Suite 200
Mount Laurel, NJ 08054
Fax: 856-439-0525