



Be Informed.
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2024 IECA CORPORATE 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 us at info@ieca.net)
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 301-990-9771 [Monday - Friday from 9:00 AM - 5:00 PM]
Attention to: Lauren Peffers, IECA.
 - b. Mail to: 1300 Piccard Dr, Suite LL-14 Rockville, MD 20850

* NEW! Add on the Commodity Regulation Working Group (CRWG), formerly 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:	_____		
CVV:	_____				
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:

1300 Piccard Drive,

Suite LL 14

Rockville, MD 20850

Fax: 301-990-9771



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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.

***We are asking each member to select an education group that aligns with their education preferences. The IECA will feature special receptions, events, and programs throughout the year to accommodate the various areas of interest for each educational group. You may select more than one per member. A description of each education group can be found at <https://www.ieca.net/education-groups/interest-education-groups>**

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

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