International Association of Air Cleaner Manufacturers

Working to Improve Indoor Air™

IAACM™

INTERNATIONAL ASSOCIATION OF AIR CLEANING MANUFACTURERS

IAACM MEMBERSHIP APPLICATION AND DUES INVOICE

IAACM • PO Box 9048 • Whittier, CA 90608-9048
Web: www.IAACM.org E-mail: join-iaacm@iaacm.org
Mail completed forms to the above address. (Please Print)

1. Applicants Name (First) (Middle) (Last)

2.

$1800.00 ANNUAL DUES must accompany your application.
(Fee includes U.S. $6 for IAACM Quarterly Newsletter. This amount is not deductible from dues.)
Payment Options - CHECK: (Must be in U.S. dollars from a U.S. or Canadian bank.)

Credit Card: American Express Mastercard Visa Diners Club

Credit Card No. **Exp. Date** _____

Signature (required for credit card payment) _____

3. Business Address

Business Name Street Address
Street Address
City State/Prov Zip/Postal
Country Facsimile (Including Area Code) Phone (including Area Code)

4. E-mail

5. Birth Date

Month Day Year

6. Member-Get-A-Member Recruitment Program (Optional/Not Required)
Sponsor Name IAACM Member#

7. The following information is required for your membership subscription to IAACM Journal.
Enter the appropriate codes in the blocks provided.

1. WHICH BEST DESCRIBES YOUR COMPANY

1. DESIGN/APPLICATION
2. MANUFACTURING
3. MAINTENANCE/OPERATION
4. MANAGEMENT
6. SALES
7. RESEARCH
8. TEACHING
9. OTHER

2. WHICH BEST DESCRIBES YOUR TITLE

A. PRESIDENT
B. PARTNER
C. OWNER
D. VICE PRESIDENT
E. VICE PRESIDENT ENGINEERING, CHIEFENG
F. DESIGN ENGINEER, DESIGNER
G. PROJECT/APPLICATION ENGINEER
H. FACILITY ENGINEER/MANAGER
I. RESEARCH/DEVELOPMENT ENGINEER
J. SALES ENGINEER, SALES
K. PURCHASING AGENT
L. TECHNICIAN/MECHANIC
M. PROFESSOR/INSTRUCTOR
N. STUDENT
O. OTHER

3. DO YOU DESIGN, SPECIFY, RECOMMENDED OR INFLUENCE THE PURCHASE OF HVAC&R PRODUCTS?

Yes **No**

8. Other Society Membership(s) ASME ASHRAE IAQA NAFA OTHER _____