



REMIT TO:
4628 W Washington Blvd
Chicago, IL 60644
773-417-2045

Invoice Date: _____

2024 Membership Form

Agency/Affiliate/Individual Name: _____

Agency/Affiliate Contact Person: _____

Phone: _____

Email: _____

Check One:

- Membership Renewal
- New Membership

AGENCY MEMBERSHIP RENEWAL REQUIREMENTS:

Documentation of annual inspection completed within the last 2 years

Check One:

- Individual Membership Fee: \$100
- Single Site Agency/Affiliate Membership Fee: \$300
- Multiple Site Agency/Affiliate Membership Fee: \$600

Total Amount Due: \$_____ Check Box to Request Receipt

Required For Agencies Only: Total No. of Recovery Home(s) Bed Count: _____

Agencies and Affiliates Must Complete Both Site Address and Main Office Address

Check Only One Box For Desired Mailing Address | All Correspondence Will Be Mailed To Chosen Address

Site Address: Recovery Home/Affiliate

Main Office Address: Individual/Agency/Affiliate

Street Address: _____

Street Address: _____

City, State: _____

City, State: _____

Zip: _____

Zip: _____

County: _____

County: _____

Items to be Included in Mailed Envelope - Check your Envelope Prior to Mailing

- 1. Copy of This Invoice**
- 2. Check or Money Order Payment (Make Payable To: IAEC, Inc.)**