**Membership Application Form**

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| --- | --- | --- | --- | --- |
| **MEMBER INFORMATION (Fill out and submit online or by mail, per the instructions below)** | | | | |
| **Name:** (Prefix, First Name, Middle Initial, Last Name, Suffix) | | | | |
| **Job Title:** | | | | |
| **Organization:** | | | | |
| **Address:** | | | | |
| **City:** | **State/Province:** | | | **Postal/Zip Code:** |
| **Country:** | **Phone:** | | | **Fax:** |
| **Email (required):** | | | **Website:** | |
| **Membership Type** | | **Membership Fee** | | **Select (circle one below)** |
| **Regular Membership** | | $100.00 USD/2 years | | ❑ |
| **Student Membership** (Students enrolled full-time in undergraduate, graduate, optometry, medical, and allied health programs at institutions of higher learning who have not earned a doctorate level degree) | | $15.00 USD/2 years | | ❑ **and include dated and signed statement from advisor or registrar's office** |

❑ **Pay by PayPal (preferred):** Simply **email** this form to **BOTH** [**joinislrr@islrr.org**](mailto:joinislrr@islrr.org) **and** [**treasurer@islrr.**](mailto:treasurer@islrr.)**org**, **without** payment, and we will send you a PayPal invoice

❑ **Pay by Credit Card.**  **Print** the form, **complete** the following information, and **sign**. Please type or print legibly. Then **scan** and **email** to **BOTH** [**joinislrr@islrr.org**](mailto:joinislrr@islrr.org) **and** [**treasurer@islrr.**](mailto:treasurer@islrr.)**org**

\*All information must be included or your membership cannot be processed:

Circle Card type: Visa MasterCard American Express Discover

Name exactly as it appears on the card\*:\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Credit Card Account Number\*: \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

Expiration Date:\* \_\_\_\_Month \_\_\_\_\_Year

CC Security code (CSC)\*: \_\_\_\_\_\_

Signature \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ **Pay by Check and mail**. Print the completed form. Make check payable to ISLRR. Check must be in U.S. Dollars drawn on a U.S. bank. Mail check and completed form to Gislin Dagnelie at the address above