

IAD CANDIDATE APPLICATION FORM 48th Biennial 2015 IAD Conference

Candidate Information (type or print clearly):

Full Name				
Address				
City/State/ZII	0			
Email Addres	SS			
Phone Numb	per			
	Category (circle one		_	
President	Vice President	Secretary	Treasurer	Membership Secretary
		Financial Co	onsultant	
Candidate N Verification:				
	tify that I am curren (month/year).	tly a IAD memb	per in good sta	anding for 2 years, since
(This will be v	verified with IAD Me	mbership Chair	person's record	ds)
Print Full Name			Date	
 Signature				