

Membership Application



International Erosion Control Association

3401 Quebec St., Suite 3500, Denver, CO 80207-2339

www.ieca.org • 800 455 4322 toll free • +1 303 640 7554 international • +1 866 308 3087 fax

*IECA... your essential
Best Management Practice*

Personal Information

Name: _____

Title: _____

Company/Organization: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____ Web Site: _____

Referred by: _____

(Please include the name of the person who told you about IECA.)

Why are you joining IECA? _____

(Your response to this question will help us to develop member benefits that meet your needs.)

Professional Field of Practice (Please check only one box)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Mining | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Waste Management |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Supplier | <input type="checkbox"/> Ski Industry | |
| <input type="checkbox"/> Developer/Builder | <input type="checkbox"/> Media | <input type="checkbox"/> Stream/Wetland | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Utility | <input type="checkbox"/> Stormwater | _____ |

Membership Category (Please check only one box)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Professional | \$170.00 |
| <input type="checkbox"/> Student | \$55.00 (Please provide proof of full-time student status) |
| <input type="checkbox"/> Emeritus | \$55.00 (65 or older, please provide copy of ID) |

Business Partnerships (Please check only one box)

- | | |
|--------------------------------------|-----------|
| <input type="checkbox"/> Corporate | \$320.00 |
| <input type="checkbox"/> Emerald | \$595.00 |
| <input type="checkbox"/> Cornerstone | \$2500.00 |

Chapter Dues

IECA membership now includes membership in your local chapter for no additional fee. Your local Chapter will be notified of your membership - for more information about your local Chapter, contact IECA or visit the Chapters section of our web site at www.ieca.org. Members do have the option of joining additional local Chapters for \$25 per Chapter. Please call IECA (800-455-4322 Toll Free or +1 303 640 7554 International) if you would like to join additional Chapters.

Payment: IECA Dues Total: _____

Check enclosed payable to IECA. Must be U.S. Dollars drawn on a U.S. Bank.

Credit Card: VISA MasterCard Discover American Express

Card#: _____ Expiration Date: _____

Name on Card: _____

Signature: _____

By submitting this application and payment for membership, you agree to uphold IECA's Code of Ethics and other standards established by IECA.

Return completed applications by fax to +1 866 308 3087 or mail to IECA, 3401 Quebec St., Ste 3500, Denver CO 80207-2339

Please allow 2 – 4 weeks for delivery of your new member packet.