IGA Membership Application

First Name ____ MI ____ Last Name ____ Title ____

Home Address ____ City ____ State ____ Zip ____ Home Phone ____

Company Name ____ Company Phone ____

Company Street Address ____ City ____ State ____ Zip ____ Fax Number ____

Company Mail Address ____ City ____ State ____ Zip ____ Cell Phone ____

Website ____ Email ____

How often do you view your email? ___ Daily ___ Weekly ___ Monthly

Would you like to receive the newsletter via email? ___ Yes ___ No

Would you like to receive information/news flashes via email? ___ Yes ___ No

CONTRACTOR MEMBER

Years company in HVAC business? ____

Number of service technicians employed? ____

IGSHPA accredited: Yes ___ No ___

Primary business: ___ Builder/Developer ___ Design ___ Driller ___ HVAC Installer ___ Loop Installer

ASSOCIATE MEMBER

Years company in business? ____

Primary business ___ Architect ___ Engineer ___ Distributor ___ Government ___ Manufacturer ___ Utility ___ Other ____

Brief description of your business:

Please provide two brands you handle or two types of loops you install (if contractor).
1. ____ 2. ____

Referred by ____ Company ____ Phone ____

If accepted as a member of the Iowa Geothermal Association, I agree to abide by its constitution and bylaws.

Signed Date

Annual Membership Dues $150.00

Full payment of dues must accompany application for membership. Contractor members **must** supply a certificate of insurance with the application. Return application, payment and certificate of insurance (if Contractor) to: Iowa Geothermal Association, 5619 NW 86th St. #600, Johnston, IA 50131.

Or Credit card: We accept Visa or Master Card. **(Please circle the card you are using).**

Name on credit card: ____

Billing address: ____

CC Number: ____ Exp Date: ____ CV2 Code: ____