

## 2025 MEMBERSHIP APPLICATION FORM

Association Acronym	New Association?		
Association Name:			
Incorporation Name:			
City:	State/	<b>Z</b> ip/	
	<b>Province:</b>	<b>Postal Code:</b>	
Phone:	Fax:		
Web site address:			
E-mail address:			
Address:			
City:	State/	<b>Z</b> ip/	
	Province:	Postal Code:	
Phone:	Evening:		
E-mail address:			
Geographical Area			
(applie	s to both new and renewal	memberships)	
· ·	0 0 1	l area of an existing association, a letter ation must accompany this application.	
Geographical area changing?	Yes No (re	enewal memberships only)	

## **ATTACHMENTS:**

<b>New Association</b>	<b>Renewa</b>	<u>l Membership</u>	
Completed Application	Completed App	olication	
Incorporation Paperwork	Certification of	Good Standing	
Not-for-Profit Documentation	Not-for-Profit l	Documentation	
Bylaws	Bylaws		
Membership List	Membership Li	ist	
Annual Dues Check	<b>Annual Dues C</b>	heck	
CURRENT OFFICERS:			
Name:	President		
Name:	Vice President	t	
Name:	Secretary		
Name:	Treasurer		
Trustee:			
Address:			
City:		Zip/	
	<b>Province:</b>	<b>Postal Code:</b>	

Renewals must be postmarked or received by the secretary no later than sixty (60) days prior to the Annual Convention.

Please send completed application, attachments, AND copy of dues check to the IGRA Secretary at:

Please send the <u>Original</u> Check direct to David Hill - Treasuer at:

Gene Fraikes David Hill

IGRA Secretary IGRA Treasurer

125 Lajitas Dr. 20140 E Maplewood LN Decatur, TX 76234 Centennial CO 80016-1279

or: genefraikes@gmail.com or:david.hill@igra.com