

**NEW MEMBERSHIP DUES INVOICE**  
**From September 1 – August 31**

*Please Complete*

Institution Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Full Address: \_\_\_\_\_

Country: \_\_\_\_\_

**International Membership Category**

Outside US

*(World Bank Ranking; Please check the correct category)*

- |                                       |       |
|---------------------------------------|-------|
| <input type="checkbox"/> Low          | \$75  |
| <input type="checkbox"/> Lower Middle | \$100 |
| <input type="checkbox"/> Upper Middle | \$125 |
| <input type="checkbox"/> High         | \$150 |

Total Amount Paid (in USD): \_\_\_\_\_

Check number: \_\_\_\_\_ Purchase Order Number: \_\_\_\_\_

AMEX, VISA, MasterCard Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print name: \_\_\_\_\_

**Mail to:**

IACLEA

342 North Main Street, Suite 301

West Hartford, CT 06117-2507, USA

**Fax to:** +1-860-586-7550

**IACLEA Wire Transfer Information:**

Account # 52000025776; Routing # 01-1075150

Sovereign Bank New England

Account Name: International Association of Campus Law Enforcement Administrators