



IREM Sacramento Industry Partner Membership Application

Membership Classification: Industry Partner

Amount Due: \$450 (October 2017 – December 2018)

Primary Contact Information (please note any corrections needed):

Company: _____

Contact Name: _____

Address: _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Email: _____ Website _____

Referred By _____

Product/Service offered by your company: _____

Should anyone else from your company be added to your account to receive IREM emails?

Name: _____ Title: _____

Email: _____ Phone: (_____) _____

Payment Information

Check payable to IREM Sacramento Credit Card: Visa Master Card AMEX

Card # _____ Exp Date ____/____ V-code _____

Cardholder Name _____ Cardholder Signature _____

Billing Address _____

City _____ State _____ Zip _____

Receipt to be sent to the following email address: _____