



# IREM Sacramento Industry Partner Membership Application

**Membership Classification: Industry Partner**

**Amount Due: \$225 (June – 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: \_\_\_\_\_