The second secon	OF COUNSELC 8852 Phone: 5	<b>Y</b> !
Name (as should appear on certificate)	·	
Last Name (Fam/Sur) :	First Name (Given) :	Middle :
Address :	City :	
State/Province :	Postal Code :	Country :
Home Phone :	Bus Phone :	Website :
Email: I'm also a member of IMDHA (check if applicable) <u>TRAINING AFFIDAVIT</u> : I am fully aware of the fifteen (15) continuing education hours (CEU's) required to maintain my annual membership status with the IACT. My signature below verifies compliance that these requirements have been fulfilled. Should a random audit be issued, I will furnish CEU records for validation.		
(Member sign	ature)	(Date)
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Check /MO # : Cre (Check must be drawn from US bank) (Vise	edit Card Number : a, MasterCard, Discover, American Express accepted)	Exp :/ CVV# :
Signature :		Date :
<ul> <li>Complete, sign and mai</li> <li>Complete, sign and fax</li> <li>Call the corporate officient</li> </ul>	ur login credentials to access the <b>'members o</b> I this form to: IACT 8852 SR 3001, Laceyville this form to our secure, dedicated fax line 570 ce Monday through Friday between 9 a.m the best investment you'll mail	PA 18623 0.869.1249 . and 5 p.m. (EST)