



# IIPA

International Iridology Practitioners Association

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[www.iridologyassn.org](http://www.iridologyassn.org)

## Membership Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Professional Degree in Healthcare field? \_\_\_\_ Yes \_\_\_\_ No Please indicate: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

IIPA Instructor \_\_\_\_\_

If you have an Iridology practice, do you use a: \_\_\_\_\_ film camera \_\_\_\_\_ digital camera

### Membership Categories:

- Associate Membership - \$59.00. Eligibility: See general requirements below
- Certified Membership - \$125.00. Eligibility: IIPA Certified Iridologist

*General Requirements: Individuals and organizations in all classes of membership shall have a reputation for sound character and integrity; agree to abide by the Bylaws, the Member Code of Professional Ethics and such other rules or regulations as may be adopted by the Board of Directors.*

### Select method of payment:

Enclosed is my check in the amount of \$\_\_\_\_\_.

Please charge my credit card (Visa / Mastercard ) in the amount of \$\_\_\_\_\_.

Card No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3- digit Code \_\_\_\_\_  
(on back of card)

Signature as on card: \_\_\_\_\_

*(Note: All payments are to be made in U.S. funds and are tax deductible if applicable.)*