



IABH INDIVIDUAL MEMBERSHIP FORM

*Name _____

*Mailing Address: Home () Work ()

Agency (if applicable) _____

*Street _____

*City _____ *St _____ * Zip _____

*Work Phone _____ ext. _____

*Home Phone _____

*e-mail address _____

Check here if you would like to be a member of the IABH Prevention Division

\$25 for IAODAPCA Certified (enclose proof of certification)

\$50 for Non-IAODAPCA Certified

***Mandatory Required Information**

Please return form and appropriate fee and proof of certification (if applicable) to:

**IABH
c/o Pel Thomas
937 S. Second Street
Springfield, IL 62704**