



The Institutes Alumni Association

Application for Enrollment

(PLEASE PRINT CLEARLY)

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

TELEPHONE

FAX

EMAIL ADDRESS

DATE YOU ATTENDED THE *HOW TO MULTIPLY* COURSE: _____

Payment Method:

Check Payable to IAHP _____ (*Only checks written on U.S. banks are accepted.*)

Please charge \$100 to my: VISA® ___ MasterCard® ___ American Express® ___ Discover® ___

Account #: _____

Expiration Date: _____ Today's Date: _____

Signature: _____

To join The Institutes Alumni Association,
please complete the Application for Enrollment
and return it by mail to:

The Institutes Alumni Association

8801 Stenton Avenue

Wyndmoor, PA 19038 USA

or by fax:

215-233-9646