



International Rescue and Emergency Care Association

PO Box 431000
Minneapolis, MN 55443

www.ireca.org

Credit Card Authorization

Include the Membership Application Form.

Payment for **IRECA 2010**

Name on Credit Card: _____

Credit Card Number: _____

Credit Card Type: _____ (Visa, Discover, MasterCard, etc.)

Expiration Date: _____ Card Holder ZIP: _____

Total Payment Amount: _____

Authorized Signature:

Either call or fax in your credit card information

Call: Gary Leafblad, OEC
763-391-8519

Fax: Attn. Gary Leafblad, OEC
763-391-8501