



International Rescue and Emergency Care Association

PO Box 431000
Minneapolis, MN 55443

www.ireca.org

Membership Application

Complete the following forms and return to IRECA.

Name: _____

Category: ___ New ___ Renewal Member #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Work Number: _____

Fax Number: _____ Other Number: _____

Email: _____

Unit/Squad Affiliation: _____

Current level of training: ___ First Responder ___ EMT-Basic
 ___ EMT-Intermediate ___ EMT-Paramedic ___ Rescue
 ___ Nurse ___ Physician ___ Other _____

One-year membership: January 1 - December 31

___ Individual dues \$30.00 ___ Youth dues (Under 19) \$20.00
___ Senior dues \$20.00 ___ Organization dues \$100.00

Lifetime membership:

___ Lifetime individual membership dues \$750



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Credit Card Authorization

Payment for **IRECA 2009** _____ (registration, conference, etc.)

Name on Credit Card: _____

Credit Card Number: _____

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

Expiration Date: _____

Billing address ZIP Code or Postal Code: _____

Total Payment Amount: _____

Email address for credit card receipt: _____

Authorized Signature:

Contact: Gary Leafblad
763-391-8519 • gleafblad@ireca.org

Fax: Attn. Gary Leafblad
763-391-8501