

Company Name *(IACO A Use Only)*

APPLICATION
FOR
— INDUSTRY ASSOCIATE MEMBERSHIP —



THE
INDEPENDENT
ARMORED CAR OPERATORS
ASSOCIATION, INC.

(IACO A Use Only)

Date Application Received: ____ / ____ / ____

Board of Directors Meeting Date: _____

Check Number: _____

Submit to General Membership

International Members:

Declined

Wire Transfer Confirmation # _____

Date of General Membership Vote: _____

Amount Received: _____

Approved for Membership

Appl. Fee Paid? Dues Paid?

Declined

Check & Applicant Info Sent to Secretary?

Approved Appl. Received by Secretary? Yes

Regular Member Sponsor:

Plaque Presented to Member? Yes

Membership Status Updated in db? Yes



**The
Independent
Armored Car Operators
Association, Inc.**

INDUSTRY ASSOCIATE MEMBER APPLICATION

– please print clearly –

A. COMPANY PROFILE

1. Company Name _____
2. Street Address _____
City _____ State or Province _____
Postal or Zip Code _____ Country _____
3. Mail Address (*if different*) _____
City _____ State or Province _____
Postal or Zip Code _____ Country _____
4. U.S./Canada Telephone # (_____) _____ - _____
Fax # (_____) _____ - _____
International Telephone # 011- _____ - _____ - _____
Country *Area Code* *Telephone #*
International Facsimile # 011- _____ - _____ - _____
Country *Area Code* *Facsimile #*
5. Web Site Address _____
6. Company Ownership Corporation Partnership Sole Proprietorship LLC LLP
List major stockholders, officers, or partners _____

7. Primary contact: Name _____ Title: _____
Telephone # (_____) _____ - _____ E-Mail Address _____
If you would like others within your organization to receive IACOA information, there is
a small additional annual membership charge Yes
Second contact: Name _____ Title: _____
Third contact: Name _____ Title: _____
Additional contact(s) phone, fax, e-mail addresses same as above Yes No (*attach additional information*)
8. Year business established _____
9. Date your business began offering products or services to the armored services industry _____

10. Affiliations & Associations

- ASIS
- ESTA
- NACA
- _____
- _____
- _____

How Did You Hear about the Independent Armored Car Operators Association, Inc.?

11. Products or Services You Provide to the Armored Services Industry

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

12. Do You Have an IACOA Regular Member Sponsor?

Name: _____

Company: _____

I hereby certify that the information provided herein is true and accurate to the best of my knowledge. If accepted for membership, our firm will operate in a manner that upholds the bylaws of the Independent Armored Car Operators Association, Inc. I understand that violation of these bylaws may result in termination of our Membership. Additionally, I agree that the confidential information that is learned by either attending an association meeting or through any of its Regular Members will be held in strict confidence.

Company Name _____

Print Your Name _____

Title _____

Signature _____ Date _____

Thank you for your interest in joining the
INDEPENDENT ARMORED CAR OPERATORS ASSOC., INC (IACOA)

To start your Industry Associate Membership Application process, please return the following items:

1. A completed Application Form
2. Information on the products or services you will offer our membership
3. A nonrefundable application fee in the amount of \$250.00 plus \$500.00 Membership dues in advance for the current calendar year, for a **Total Due of \$750.00 USD**. If you want additional contacts to receive IACOA mail, then include an additional \$75.00 USD for each contact.

PAYMENT: Pay by Check, Money Order, Wire Transfer or complete the Credit Card Authorization

CHECK MONEY ORDER WIRE TRANSFER MC VISA AmEx

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Credit Card Number Exp Date

Name as it appears on the Credit Card (please print) Signature required for all Credit Card payments

Complete Billing Address for the Credit Card Including Zip Code (please print)

Amex: (4) digits from front of card MC or Visa: (3) digits from back of card

• **International Payments by Wire Transfer:** International applicants are required to make the appropriate payment of fees by U.S. credit card or wire transfer and **not by check**. Your cooperation is appreciated. If you choose to wire funds, please complete the sending bank information below and wire the funds to:

Wells Fargo Bank; Routing #12200247; Account #0372-832923; Telephone: 800/869-9557

The completed Application Form and your Payment should be sent to:

John Margaritis, Administrator
Independent Armored Car Operators Association, Inc.
8000 Research Forest Drive, Suite 115-155
The Woodlands, TX 77382-1504

Telephone: 281/292-8208
e-mail: jmiacoa@yahoo.com
fax: 281/292-9308

• IACOA currently maintains a web site at www.iacoa.com. The information you provide in this Membership Application will in part be used to describe your company on the IACOA Web Site. For an additional annual charge, Associate Members can include in their IACOA listing their logo, a list of services provided, and a link to their own web site. The IACOA Web Site is updated free of charge once per year at the time of Membership renewal. If you request any changes other than at renewal time, there may be a nominal charge for which you will be invoiced.

• Many Industry Associate Members choose to sponsor Convention functions and events. Sponsors receive recognition in numerous ways, i.e., newsletters, special mailings, convention programs and signage. If you have an interest in sponsoring a convention function or event, contact John Margaritis at the phone number or addresses above.