



# 2023 Membership Application

APPLICANT INFORMATION			
Name			<input type="checkbox"/> New Member
County/Organization			<input type="checkbox"/> Renewal
Title			
Email			
Address			
City		State	
Zip Code		Country	
Phone Number		Fax Number	
Website			
Referred By		Deputy Of	
MEMBERSHIP CLASS			
<input type="checkbox"/> \$200	Full Member- Current Appointed or Elected Official*		
<input type="checkbox"/> \$125	Deputy of Full Member*		
<input type="checkbox"/> \$125	Associate Member- Institutions, Associations supportive of IGO		
<input type="checkbox"/> \$50	Alumni/Retired Member*		
State Associations: \$50 per member. Email <a href="mailto:igoinfo@iaogo.org">igoinfo@iaogo.org</a> to join.			
DIVISIONS			
CHECK ALL THAT APPLY			
<input type="checkbox"/> Clerk	<input type="checkbox"/> Election Official	<input type="checkbox"/> Recorder	<input type="checkbox"/> Treasurer
PAYMENT INFORMATION			
Check	Check Number: _____ <b>Mail to:</b> IGO; P.O. Box 785 Dunn, N.C. 28335		
Credit Card	<a href="http://www.iaogo.org">www.iaogo.org</a> or pay over the phone by calling 800-890-7368		

*\*Full member, Deputy of Full Member, and Alumni/Retired Member have voting privileges.*

