



**APPLICATION
DEALER/SUPPLIER MEMBERSHIP**

COMPANY NAME: _____

ADDRESS: _____

_____ POSTAL CODE: _____

MAILING ADDRESS (if different from above): _____

REPRESENTATIVE: _____

TITLE: _____

CELLULAR NUMBER: _____

BUSINESS NUMBER: _____

FAX NUMBER: _____

EMAIL: _____

WEBSITE: _____

**DUES FOR ALL MEMBERS - \$350.00 per year (plus 5% GST)
MEMBERSHIP YEAR – JULY 1 – JUNE 30**

Please forward completed application form, along with payment of dues to:

IEOA
400 Burnside Road East
Victoria, B. C. V9A 1A8
Phone 250-382-4362 • Fax 250-384-0141 • ieoa@shaw.ca • www.ieoa.ca

**VISA AND
MASTERCARD
ACCEPTED**

SIGNATURE

DATE