



ILA Corporate Class 2 Membership Application

Choose one

- This is a new ILA Membership
- This is a renewal of an existing ILA Membership; membership number _____
- I would like a Corporate Class 2 Membership; \$250 fee; up to 5 members

Corporate Class 2 Memberships allow up to five individuals at your organization to join. Please use the following area to designate names and contact information, completing all five fields.

1st Contact

Affiliation/Company _____ Contact Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Business Phone _____ Fax Number _____

Email Address _____

2nd Contact

Affiliation/Company _____ Contact Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Business Phone _____ Fax Number _____

Email Address _____

3rd Contact

Affiliation/Company _____ Contact Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Business Phone _____ Fax Number _____

Email Address _____

4th Contact

Affiliation/Company _____ Contact Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Business Phone _____ Fax Number _____

Email Address _____

5th Contact

Affiliation/Company _____ Contact Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Business Phone _____ Fax Number _____

Email Address _____

6th Contact

Affiliation/Company _____ Contact Name _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Business Phone _____ Fax Number _____
 Email Address _____

7th Contact

Affiliation/Company _____ Contact Name _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Business Phone _____ Fax Number _____
 Email Address _____

8th Contact

Affiliation/Company _____ Contact Name _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Business Phone _____ Fax Number _____
 Email Address _____

9th Contact

Affiliation/Company _____ Contact Name _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Business Phone _____ Fax Number _____
 Email Address _____

10th Contact

Affiliation/Company _____ Contact Name _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Business Phone _____ Fax Number _____
 Email Address _____

Intentionally Left Blank

Paying for your ILA membership

Pay With a Credit Card

We also accept membership payments using Visa or MasterCard. Please provide your credit card information below, and submit this form.



Choose: Visa MasterCard

Amount _____

Card number _____

Expiration date _____

Name exactly as it appears on card _____

Billing address _____

City _____ State _____ Zip _____ Country _____

Signature _____ Date _____

Pay With a Check

We welcome your check, in U.S. dollars, drawn on a U.S. bank. Please make your check payable to the International Loran Association, mailing your check with this completed form to:

The International Loran Association

c/o Ellen G. Lilley, Operations Director

741 Cathedral Pointe Lane

Santa Barbara, CA 93111

Email: ila@loran.org

Telephone: (805) 967-8649 Fax: (805) 967-8471