



2025 MEMBER INVOICE/REGISTRATION

(State, or Federal Government or International Agency)

Federal I.D. #59-3454873

Name _____

Title _____

Agency/Organization _____

Business Mailing Address _____

City, State, Zip _____

Business Phone _____ Business Fax _____

Email Address _____

Signature _____ Date _____

MEMBERSHIP TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Full \$100.00 | <input type="checkbox"/> Educational Associate \$ 25.00 |
| <input type="checkbox"/> Individual Associate \$10.00 | <input type="checkbox"/> Student Associate \$ 10.00 |

NOTE: Membership is effective from January to December of each calendar year. **Full membership** is available to state, federal/national or international agencies, divisions, or branch offices of agencies whose responsibilities fall within the scope of at least three of the following motor vehicle/lemon law activities: legislation, enforcement, education, research, complaint handling, licensing, advocacy before government units, public policy development, and dispute settlement. **Associate membership** is available in three categories, Individual, Educational or Student. Individual Associate is open to additional employees at the same location of the agency that is a Full member. Individual Associates cannot qualify without a corresponding Full membership. Educational Associate is open to non-profit institutions of higher learning, which have educational programs that meet any of the activity criteria for Full membership. Student Associate is opened to students enrolled in a degree-granting program, which meets any of the activity criteria for Full membership. Student Associate cannot qualify without a corresponding Educational Associate membership)

I request a waiver of membership fees for the following reason(s): _____

I am interested in serving on the following committees:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Public Policy | <input type="checkbox"/> Membership/Corporate Relations. | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Nominations/Elections | <input type="checkbox"/> Web Site | <input type="checkbox"/> Bylaws |

Please return this completed invoice/registration via email or mail (check box to indicate method).

- ☐ Paying via PayPal: **Please email this Invoice and a copy of the receipt to:**

Email: IALLAtreasurer3@gmail.com

- ☐ Paying by check or money order:

Please mail this Invoice with the check or money order payable to IALLA to:

International Association of Lemon Law Administrators
P.O. Box 1902
Richmond, VA 23218
ATTN: Demetrice Davis

- ☐ If requesting a waiver, please email or mail this Registration using the above contact information.

Questions? Contact Stacia Silva at ssilva@dcca.hawaii.org or (808)586-2660