

International Institute of Artificial Intelligence & Data Science Professionals

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Billing ZIP Code: ______

Membership Application Form				
Personal Information				
•	Full Name:			
•	Date of Birth (DD/MM/YYYY):			
•	Email Address:			
•	Phone Number:			
•	Address: Street:			
	City:	_ State:	ZIP:	
Membership Details				
•	Membership Type: ☐ Basic (\$20/month) ☐ Premium (\$40/month) ☐ VIP (\$70/month)			
•	Start Date:			
Payment Information (All information is encrypted and securely processed)				
•	Cardholder Name:			
•	Card Number:			
•	Expiration Date (MM/YY):	/	<u> </u>	
•	CVV:			

\square I authorize the organization to charge my credit card for the membership selected				
above.				
Signature:				
Date:				