



Application for
Individual Membership

International Accreditation Council for Business Education
11960 Quivira Rd, Suite 300
Overland Park, Kansas 66213

USA



Application for Individual Membership

Individual's Name: _____

Individual's Title: _____

Organizational Affiliation: _____

Organization's Physical Address: _____

Organization's Mailing Address (if different than physical address): _____

City and State or Country: _____ ZIP/Postal Code: _____

Telephone (with country code if outside of the United States): _____ Email: _____

Fax (with country code if outside of the United States): _____ Website: _____

1. Please provide a brief description of your background:

2. How did you hear about IACBE?

3. Please provide a brief description of your organization's mission and purpose (if not affiliated with a member school):

4. Have you ever been previously associated with a member of the IACBE? If so, please identify the school(s) and your position(s):

Submitted herewith is my application for Individual Membership in the IACBE, affirming my support of the mission and goals of the IACBE.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Enclose a check with your application or contact the IACBE office at 1-913-631-3009 or by email at iacbe@iacbe.org for additional payment information and options.

Send the application to iacbe@iacbe.org (preferred); or send via regular mail to:

IACBE World Headquarters
11960 Quivira Rd., Suite 300
Overland Park, Kansas 66213
USA