



# 2025 Active Group Membership Form

Group Memberships must be processed through IAOM Headquarters to ensure proper setup and coordination for your team. Please contact IAOM HQ directly for assistance with this process.

4-6 Members*	7-10 Members*	11+ Members*
\$900	\$1,400	\$2,500

\*Members must be employed at the same Mill Manufacturing Location

Company Name \_\_\_\_\_

Mill Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

1. Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First Last  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

2. Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First Last  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

3. Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First Last  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

4. Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First Last  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

5. Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First Last  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

6. Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First Last  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## Payment Information

- Wire Transfer (Please contact [info@iaom.org](mailto:info@iaom.org) for bank information)  
 Credit card  Check

Credit Card # \_\_\_\_\_ Name on card \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_ Signature \_\_\_\_\_



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7. Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First Last  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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8. Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First Last  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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9. Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First Last  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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10. Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First Last  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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11. Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First Last  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

12. Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First Last  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

13. Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First Last  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

14. Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First Last  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

15. Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First Last  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

16. Name \_\_\_\_\_ Job Title \_\_\_\_\_  
First Last  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**If you need to add more than 16 members from a single mill location, simply duplicate the form pages to accommodate additional members.**

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