

IHEA-USA Membership Application

Each IHEA-USA Annual Membership will receive:

1. IHEA-USA membership card.
2. Membership Patch.
3. 1 year subscription (4 issues per year) *Hunter & Shooting Sports Education Journal* delivered to your home.
4. "Member" Decal.
5. IHEA Responsible Hunting static cling window decal.
6. Exclusive "Member only" opportunities to purchase significantly discounted merchandise and closeouts offered by hunting and firearms manufacturers and distributors.
7. Special early bird invitations to IHEA-USA events.

Each IHEA-USA Lifetime Membership will receive all contents of Annual membership package PLUS:

1. IHEA-USA Lifetime membership card.
2. Lifetime subscription (4 issues per year) *Hunter & Shooting Sports Education Journal* delivered to your home.
3. Recognition on the IHEA-USA website as a Lifetime member.
4. Lifetime IHEA-USA membership certificate
5. Continuing the Heritage #2 Print (16" X 20")
6. Getting Ready for the Hunt Print (16" X 20")
7. "Lifetime Member" lapel pin
8. Cabela's brand Duffel Bag (36"L X 16"W X 12"H) embroidered with the IHEA logo and "Lifetime Member"
9. \$100 Cabela's Gift Certificate



MEMBERSHIP DETAILS

Please check one: \$30 Annual Membership \$450 Lifetime Membership \$150 Lifetime Membership - Payment Plan

Are you a Hunter Education Instructor? Yes / No

Would you prefer your correspondence to arrive via e-mail or the postal service? e-mail postal service

Your privacy is important to us and we will not share your contact information without your permission; our privacy policy can be viewed on our website at <http://ihea-usa.org/privacy-policy>

Are you interested in receiving direct mail or E-mail information (and possible discounts) from IHEA-USA's corporate partners and contributors (most are outdoor/hunting retailers) Yes No

Member Name: Mr. Mrs. Ms. _____

Member Address: _____

Please Note: We need physical address for Lifetime memberships please - NO PO Boxes as we send these out via Fed Ex.)

City, State/Province, Postal Code: _____

Phone: _____ E-Mail: _____

PAYMENT INFORMATION

Method of Payment: Check/ Money Order (US funds only) # _____ American Express Master Card Visa

Card Number: _____ Expiration Date: _____ / _____ Membership Fee: \$30 \$450

Name on Card: _____ Donation: \$ _____

Signature: _____ TOTAL: \$ _____

Mail membership application with payment to:

IHEA-USA, 800 E. 73rd Ave, Unit 2, Denver, CO 80229

For additional information please visit www.ihea-usa.org or you may call (303) 430-7233, or E-Mail: info@ihea.com