



Indoor Environmental Air Quality Council

APPLICATION FOR MEMBERSHIP CONSIDERATION

FULL NAME

(FIRST)

(MIDDLE)

(LAST)

HOME ADDRESS

APT #

CITY

STATE

ZIP

()

()

HOME PHONE

MOBILE PHONE

EMAIL ADDRESS

IMPORTANT NOTICE TO APPLICANT

You **MUST** Read and Accept the IEAQC Code of Ethics
and follow instruction on Page 4 of this application

AN INCOMPLETE APPLICATION WILL BE CAUSE FOR REJECTION

AN ADMINISTRATIVE FEE IS CHARGED FOR AN INCOMPLETE APPLICATION

FIRST fax the completed application and next MAIL THE ORIGINAL.

FAX TO: 954-575-8686

AFTER YOU FAX THE APPLICATION MAIL APPLICATION TO:

IEAQC

6921 NW 34 STREET, MARGATE, FL 33063

DO NOT SEND A COPY OF THIS FORM – ONLY ORIGINALS ARE ACCEPTED

**PART I
APPLICATION FOR IEAQC MEMBERSHIP:**

Select One:

- INDIVIDUAL IEP MEMBER** \$99.00US/YR
 Open to any Indoor Environmental Professional (IEP) with an interest in Indoor Air Quality

- GOVERNMENT IEP MEMBER** \$49.00US/YR
 Open to any person who is employed by a federal, state, county or municipal government entity, including independent school districts with an interest in Indoor Air Quality.

- IAQ CORPORATE MEMBER** \$195.00US/YR
 Open to any business with an interest in Indoor Air Quality. PAID Employees of IAQ Corporate Members are entitled full member benefits. Additionally, any PAID Employees of a **IAQ Corporate Member** may also apply for **Individual-IEP Affiliate Membership** to be separately identified and listed as an IEAQC member within all IEAQC rosters, directories, and the Member area of the IEAQC website.

- IAQ FRANCHISOR MEMBER** \$295.00US/YR
 Open to any business entity that is a franchisor of products and/or services to/or within the IAQ industry. PAID Employees of an **IAQ Franchisor Member** may also apply for **Individual-IEP Affiliate Membership** to be separately identified and listed as an IEAQC member within all IEAQC rosters, directories, and the Member area of the IEAQC website.

- IAQ FRANCHISEE MEMBER** \$195.00US/YR
 Open to any business any franchisee whose franchisor is an IEAQC **IAQ Franchisor Member**. PAID Employees of an **IAQ Franchisee Member** may also apply for **Individual-IEP Affiliate Membership** to be separately identified and listed as an IEAQC member within all IEAQC rosters, directories, and the Member area of the IEAQC website.

- INDIVIDUAL – IEP AFFILIATE MEMBER** \$69.00US/YR
 Open to any business any franchisee whose franchisor is an IEAQC **IAQ Franchisor Member**. PAID Employees of an **IAQ Franchisee Member** may also apply for **Individual-IEP Affiliate Membership** to be separately identified and listed as an IEAQC member within all IEAQC rosters, directories, and the Member area of the IEAQC website.

PRINT LEGIBLE WITH INK OR TYPE

Full Name: _____ Sex: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Email: _____

Name of Present Employer: _____

Full Business Address: _____

Business Phone: (_____) _____ Your SS# (or D/L#): _____

NO ABBREVIATIONS PLEASE – Use back of Application for additional courses.

RELATED EDUCATION:

COURSE: _____ DATE: _____

INSTRUCTOR: _____ SCHOOL _____

COURSE: _____ DATE: _____

INSTRUCTOR: _____ SCHOOL _____

Have you completed High School? _____ What Year _____ If not, did you get your GED? _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

NOTE: **Juvenile misdemeanor** charges or convictions processed through the juvenile court system or **Traffic charges**, without related drug/alcohol charge are not required to be reported to IEAQC.

This application must be returned with the necessary documentation and a fee of \$129.00. Your application fee includes your IEAQC Membership and Basic Member ID Card Valid for 1 Year, Council Certificate for your approved designation, and Membership Benefits Binder. Your acceptance package will be sent by a Carrier such as FedEx, UPS, DHL, or US Postal Service. The package MUST be signed for by applicant or your designee.

PAYMENT INFO

Select here if you paid online at the IEAQC Website via PayPal. If so, please enter your email address used: _____

Money Orders/CHECKS must be made payable to IEAQC. If paying by Money Order/CHECK please note that we will not complete the application until payment has been received.

For Credit Card payments please complete the below.

Credit/Charge Card Authorization Form

Type of card: Credit/Charge ATM/Check Card

Issuer: Master Card Visa

Name as it appears on your Credit Card: _____

Card Billing Address: _____

Card Number: _____ Exp Date: _____

CID Security # (Last 3 Digits on Signature line): _____

I, _____, by my signature below, authorize Indoor Environmental Air Quality Council to charge my Charge/ATM Card listed above in the amount SELECTED on page 2 of this application. **I further understand that this charge is NON-REFUNDABLE.**

Cardholders Signature

Date

INDOOR ENVIRONMENTAL AIR QUALITY COUNCIL

CODE OF ETHICS

This CODE of ETHICS was developed by the IEAQC Board of Directors in an effort that all its members will maintain commitment to integrity, honesty, and quality as they interact with the public and its membership. Each member of IEAQC has, and is required to have signed this document prior to being awarded any IEAQC Certifications and/or IEAQC MEMBERSHIP.

Members Duty to the Public...

- The IEAQC Member agrees to be bound and to abide by the IEAQC Code of Ethics, as well as the IEAQC Standards of Practice.
- The IEAQC Member will not engage in any practices that could be damaging to the public or bring discredit to the Environmental Air Quality industry or IEAQC.
- The IEAQC Member will be honest, open, and straightforward in all advertising.
- The IEAQC Member, will in all dealings with the public, be fair, honest, impartial, and act in good faith.
- The IEAQC Member will not discriminate in any business activities on the basis of race, color, religion, gender, national origin, familial status, or handicap and shall comply with all federal, state and local laws concerning discrimination.
- The IEAQC Member shall be truthful regarding his/her services & qualifications.
- The IEAQC Member will disclose and apply all applicable industry standards of safety.
- The IEAQC Member will have no conflict of interest with the client.
- The IEAQC Member will never provide assessment and remediation services to the same client.
- The IEAQC Member agrees to maintain proper up-to-date knowledge as it relates to industry standards and technology and any building codes and/or guidelines which directly relates to or affects the members skill set.
- The IEAQC Member will maintain strict confidentiality and never disclose any information regarding their services to the client, without the prior written consent of the client, except where it may affect the safety of others or violates a law or statute.
- The IEAQC Member understands that their fiduciary responsibility is to their client and will always act in the interest of the client, unless doing so violates a law, statute, or this Code of Ethics.
- The IEAQC Member will use written contracts that specify the services to be performed, any known limitations of services, and disclose all fees.
- The IEAQC Member agrees that he/she will not engage in any practice without first complying with all government rules and licensing requirements of the jurisdiction where he/she conducts business.
- The IEAQC Member shall, for all products used in the course of their profession, follow the manufacturer's instruction for use, application directions, and/or safety guidelines.
- The IEAQC Member agrees to meet all Continuing Education Requirements each year to maintain their IEAQC certification/accreditation.

By my signature below, I certify that I have read and agree to abide by the
IEAQC™ CODE OF ETHICS.

SIGNATURE

DATE