



**Organizational Membership Application**

*Our mission: A safe, healthy environment and sustainable future for Iowa.*

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Nature of Organization (non-profit, volunteer group, business, limited liability, etc.):**

\_\_\_\_\_

**Mission or business focus:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tell us why you would like to be a member of the Iowa Environmental Council:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Primary Contact – all information fields are required**

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Alternate Contact – all information fields are required**

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*The applicant acknowledges that it is supportive of the Iowa Environmental Council's vision and mission. All organizational applicants must be approved by the Board of Directors of the Iowa Environmental Council. By signing, the applicant acknowledges that he/she is authorized to fill out the application on behalf of the organization or business.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Submit this application by email to [downs@iaenvironment.org](mailto:downs@iaenvironment.org) or mail it to the attention of Judy Downs to:

Iowa Environmental Council  
521 E. Locust, Suite 220  
Des Moines, IA 50309

Questions? Contact Judy Downs at [downs@iaenvironment.org](mailto:downs@iaenvironment.org) or 515-244-1194 x202