



The International College of Iridology™ Membership Registration

NEW RENEWAL

Date _____

Please print clearly and complete all requested information

Do you wish to have your information listed on the ICI website? Yes No

(The highlighted phone numbers will not be listed on the website unless you indicate otherwise.)

Print your name as you would like it to appear on your membership certificate:

Business Name _____

(If business address is preferred mailing address)

Preferred Mailing Address _____

City _____ Prov./ State _____ Postal/ Zip Code _____ Country _____

Home Phone (_____) _____ Include On Web Work Phone (_____) _____

Cell Phone (_____) _____ Include On Web Fax (_____) _____

Email Address(es) _____

Website Address _____

Please indicate your general level of knowledge and use of iridology:

- Less than two years
 - Two to five years of study and use
 - More than five years of study and use
- Do you use Iris Photography?**
- No Yes Pesek Pro or Clinical Iriscope
 - Pesek IrisCam Other _____

LIST THE VARIOUS SERVICES YOU OFFER IN YOUR HEALTHCARE PRACTICE:

On the back of this form, briefly describe your experience with iridology, including any courses you have taken (and approximate dates) and the names of the instructors. ***Please note: You do not have to be a graduate of Dr. Pesek's Holistic Iridology Program to be a member!***

Method of payment ~ ICI Membership: USA \$125 initial/\$95 per year ~ International \$155/\$125

- Direct Deposit ~ Wells Fargo TD Bank Zelle App
- Check or Money Order **Make payable to: David J. Pesek**
- Cardholder's Name _____

Credit Card Number _____

Expiration Date _____ CVC _____ Postal Code _____

Signature of Cardholder _____

Mail completed application and payment to:

International College of Iridology
c/o David J. Pesek, Ph.D. ♦ 375 Paradise Lane ♦ Waynesville, NC 28785
Tel: 828-926-6100 ♦ Fax: 828-926-6084
Prices Subject to Change

ICI Pin Received _____
Please Initial