FORM 100/350

INTERNATIONAL FOOTPRINT ASSOCIATION, INC.

DATE ACCEPTED_____ CHAPTER # ____ **FORM 100 ____ 350 ____** REVISED 02/02/12

IF THIS IS FORM 100 JUST GIVE NAME AND CHANGE WHERE NEEDED

NAME OF MEMBER	ADDRESS,	CITY, STATE ZIP	PHONE	CELLPHONE	E-MAIL	OCCUPATION