



2011 New Membership Application

Please send application and payment to:
Membership Department • IFEA World Headquarters
2603 W. Eastover Terrace • Boise, ID 83706 • USA
Phone: 208-433-0950 ext. 1 • Fax: 208-433-9812

MEMBER #	UNIQUE #

1. MEMBER CONTACT INFORMATION

Organizational Membership - Name of Event/Company: _____

Individual or Main Member Contact: Mr. Ms. Mrs _____

Title: _____

Mailing Address: _____

City, State/Province, Zip Code: _____ Country: _____

Phone: _____ E-mail: _____

Fax*: _____ Website: _____

How did you hear about the IFEA? (advertisements, etc.) _____

Who recruited you to the IFEA? (Name) _____ (Org.) _____

* FCC regulations require businesses to have a signed consent form on file for all entities to which they send faxes. By listing my fax number on this form, I hereby consent to receive faxes from the IFEA.

With respect to interactions with members/customers or those applying to be members/customers, the IFEA will not cause or allow conditions, procedures, or decisions which are unsafe, undignified, unnecessarily intrusive, or which fail to provide appropriate confidentiality or privacy. If you believe that you have not been accorded a reasonable interpretation of your rights under this policy, please contact the IFEA office at 208-433-0950. When you become a member of the IFEA, you agree to follow the **Code of Ethics and Standards** listed on www.ifea.com.

2. ADDITIONAL MEMBER CONTACT INFORMATION

Sign up additional members of your organization to receive all of IFEA's member benefits, publications, and a listing in the membership directory, for an additional **\$110 fee per person**. Consider key staff, board members, and/or volunteers who need to stay on the cutting edge of the events industry. If addresses for additional members differ from the main membership, please list them on a separate sheet.

SIGNING UP MORE THAN 2 ADDITIONAL MEMBERS? Consider our IFEA Group Membership. With the purchase of your organizational membership (includes one main contact and your organization information), **you can add up to 9 additional members from your organization for only \$250.**

YES - I'd like to take advantage of IFEA's Group Membership and my additional members are listed on a separate sheet:

I'd like to sign up the additional members listed below, but do not want an IFEA Group Membership.

1st Additional Member: _____

Title: _____ E-mail: _____

2nd Additional Member: _____

Title: _____ E-mail: _____

3rd Additional Member: _____

Title: _____ E-mail: _____

4th Additional Member: _____

Title: _____ E-mail: _____

Name of Event/Company Listed on Page 1:



3. MEMBERSHIP DUES INFORMATION*

Organizational Membership Categories

Please refer to the budget categories below for Organizational & Group Memberships. Dues are based on the total **gross** revenue (income before expenses are paid)

\$50,000 or less

\$175 (USD)

\$425 (USD)

\$50,001 to \$100,000

\$375 (USD)

\$625 (USD)

\$100,001 to \$250,000

\$445 (USD)

\$695 (USD)

\$250,001 to \$500,000

\$635 (USD)

\$885 (USD)

\$500,001 to \$1,000,000

\$695 (USD)

\$945 (USD)

\$1,000,001 to \$1,500,000

\$760 (USD)

\$1010 (USD)

\$1,500,001 to \$2,500,000

\$820 (USD)

\$1070 (USD)

\$2,500,001 to \$5,000,000

\$885 (USD)

\$1135 (USD)

\$5,000,001 and over

\$955 (USD)

\$1205 (USD)

Individual Membership Categories

Individual Membership

Additional Member to Main Member

\$110 (USD)

Individual Membership

(not associated with an organization or company)

\$120 (USD)

Full Time Student Rate

\$25 (USD)

(A copy of your current school year registration receipt is required. This rate is not applicable to educational staff/institutions and can not be associated with an organization.)

4. PAYMENT INFORMATION

First Year Administration Fee

(Required) \$50 (USD)

Waived for Full Time Student Rate

MEMBERSHIP DUES:

\$ _____

*A portion of your membership dues goes toward a subscription to IFEA's magazine: "ie" - The Business of International Events.

TOTAL PAYMENT

\$ _____

Select method of payment: **Check** (make check payable to IFEA in U.S. funds) **Visa** **MasterCard** **American Express**

Print Cardholder Name: _____

Signature: _____

Credit Card Number: _____

Expiration Date: _____ CVN Code: _____ (MC/Visa-3 digit code back) (AMX-4 digit code front)

Payment is required in full before your application can be processed. Dues are non-refundable. Please allow 2-3 weeks for your membership application to be processed and membership packet to be mailed.