



2012 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 #

Offer Valid Until February 29, 2012

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. PAYMENT INFORMATION

First Year Administration Fee \$ 60 (USD)
Waived for Full Time Student Rate

MEMBERSHIP DUES: \$ 150 (USD)

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

TOTAL PAYMENT \$ 150 (USD)

Membership will renew at normal IFEA Membership rates. Check at www.ifea.com for details.

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.