



2014 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



Join the IFEA in August, 2014 and Receive \$100 Off the Enrollment Fee for the CFE Certification Program
Valid August 1st to August 31st, 2014
See www.ifea.com/Membership/MembershipSpecials for more details.

MEMBER # _____ UNIQUE # _____
[Empty boxes for member and unique numbers]

1. MAIN 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.) _____

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. MEMBERSHIP DUES INFORMATION*

Organizational Membership Categories **Dues Level**
All IFEA memberships (unless otherwise noted) are group memberships and may include as many individuals within your organization (Staff, Board Chairs, Committee Chairs, etc.) as you'd like. Indicate additional members within your organization on the 2nd page of this application. Please refer to the budget categories below for Organizational Memberships. Dues are based on the total **gross** revenue (income before expenses are paid).
\$50,000 or less \$195 (USD)
\$50,001 to \$250,000 \$445 (USD)
\$250,001 to \$1.5 Million \$745 (USD)
Over \$1.5 Million \$945 (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.)
(Student memberships only include one main contact and are not considered group memberships.)

3. PAYMENT INFORMATION

First Year Administration Fee \$ 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: VISA MasterCard American Express Discover Check (make check payable to IFEA in U.S. funds)

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.



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3. ADDITIONAL GROUP MEMBERS

Organization: _____ City: _____ State: _____

All IFEA memberships (unless otherwise noted) are group memberships and may include as many individuals within your organization (Staff, Board Chairs, Committee Chairs. etc.) as you'd like. Please list additional members within your organization here.

Member: _____ Phone: _____

Title: _____ E-mail: _____

Member: _____ Phone: _____

Title: _____ E-mail: _____

Member: _____ Phone: _____

Title: _____ E-mail: _____

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