



2015 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. 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
\$50,000 or less/Individual	<input type="radio"/> \$205 (USD)
\$50,001 to \$250,000	<input type="radio"/> \$465 (USD)
\$250,001 to \$1.5 Million	<input type="radio"/> \$785 (USD)
Over \$1.5 Million	<input type="radio"/> \$995 (USD)
Full Time Student Rate <small>(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.)</small>	<input type="radio"/> \$25 (USD)

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: _____

Title: _____ E-mail: _____

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