IFEA
International Festivals & Events Association

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

2 Years for the Price of 1

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**

All IFEA memberships (unless otherwise noted) may represent just yourself or 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).

Category	Dues Level
$50,000 or less/Individual	○ $205 (USD)
$50,001 to $250,000	○ $465 (USD)
$250,001 to $1.5 Million	○ $785 (USD)
Over $1.5 Million	○ $995 (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.)

*Subject to change

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: _____

Member:_____

Title:_____ E-mail: _____

Member:_____

Title:_____ E-mail: _____

Member:_____

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Member:_____

Title:_____ E-mail: _____