



International Festivals & Events Association

2024 Membership Application

Please send application and payment to:
Membership Department • IFEA World Headquarters
10400 Overland Rd. #356 • Boise, ID 83709 • USA
Phone: 208-433-0950 ext. 0 • Fax: 208-433-9812

MEMBER #	UNIQUE #

1. MAIN MEMBER CONTACT INFORMATION

Organizational Membership - Name of Event/ Company: _____

Mailing Address: _____

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

Phone: _____ Fax: _____

Website: _____

2. INDIVIDUAL CONTACT INFORMATION

All IFEA memberships (unless otherwise noted) are group memberships and may include up to 10 individuals (Staff, Board Chairs, Committee Chairs, etc.) within your organization. Please list additional members within your organization here. Associations, all listed individuals on your IFEA Membership must be paid staff of your association.

1. **Main Member Contact:** Mr. Ms. _____

Title: _____ Phone: _____

E-mail: _____ Year Started in Events Industry: _____ Date of Birth: _____

2. **Additional Member Contact:** Mr. Ms. _____

Title: _____ Phone: _____

E-mail: _____ Year Started in Events Industry: _____ Date of Birth: _____

3. **Additional Member Contact:** Mr. Ms. _____

Title: _____ Phone: _____

E-mail: _____ Year Started in Events Industry: _____ Date of Birth: _____

4. **Additional Member Contact:** Mr. Ms. _____

Title: _____ Phone: _____

E-mail: _____ Year Started in Events Industry: _____ Date of Birth: _____

5. **Additional Member Contact:** Mr. Ms. _____

Title: _____ Phone: _____

E-mail: _____ Year Started in Events Industry: _____ Date of Birth: _____

6. **Additional Member Contact:** Mr. Ms. _____

Title: _____ Phone: _____

E-mail: _____ Year Started in Events Industry: _____ Date of Birth: _____

7. **Additional Member Contact:** Mr. Ms. _____

Title: _____ Phone: _____

E-mail: _____ Year Started in Events Industry: _____ Date of Birth: _____

8. **Additional Member Contact:** Mr. Ms. _____

Title: _____ Phone: _____

E-mail: _____ Year Started in Events Industry: _____ Date of Birth: _____

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.



2024 Membership Application

The information listed below helps the IFEA categorize your organization in our database and Membership Directory. Please complete all areas that pertain to your organization.

ORGANIZATION NAME

MEMBER

UNIQUE

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3. DATABASE / DIRECTORY LISTING

Please provide a description of your organization, company or event (25 words maximum) _____

4. BUDGET CATEGORIES

Please indicate the budget information for your organization, based on your total gross revenue of your events or working with events.

- \$30,000 or Less
 \$100,001 to \$200,000
 \$400,001 to \$500,000
 \$700,001 to \$800,000
 \$1,000,001 to \$2,500,000
 \$30,001 to \$60,000
 \$200,001 to \$300,000
 \$500,001 to \$600,000
 \$800,001 to \$900,000
 \$2,500,001 to \$5,000,000
 \$60,001 to \$100,000
 \$300,001 to \$400,000
 \$600,001 to \$700,000
 \$900,001 to \$1,000,000
 \$5,000,001 and over

5. PROFIT CLASSIFICATION

- FOR PROFIT
 501(C) (3)
 501(C) (6)
 501(C) (4)
 OTHER _____

6. ORGANIZATION TYPE

Please check one category that best describes your membership.

- Association
 Downtown Association
 Event Management
 Foundation
 Parks & Recreation
 Chamber of Commerce
 Educational Institution
 Event Planner
 Government Entity
 Student
 Consultant
 Event
 Fair
 Individual
 Tourism
 Convention & Visitors Bureau
 Event Facility
 Festival
 Media

7. EVENT INFORMATION

Please list the event name, location, attendance and the start/end dates of each event you produce. (Use a separate sheet if necessary.) (Vendors, please skip to Question 9).

Event Name: _____ **City / State:** _____ **Est. Attendance:** _____
 Days or Dates: _____
Event Name: _____ **City / State:** _____ **Est. Attendance:** _____
 Days or Dates: _____
Event Name: _____ **City / State:** _____ **Est. Attendance:** _____
 Days or Dates: _____
Event Name: _____ **City / State:** _____ **Est. Attendance:** _____
 Days or Dates: _____

8. FESTIVAL / EVENT ATTRIBUTES

Based on the events your organization produces listed above, please check all elements included within all your events. (Vendors, please skip to Question 9).

- Agricultural / Horticulture
 Creative Technologies
 Holiday Tie-In
 Patriotic
 Sports
 AirShow
 Dance
 Hot Air Balloons
 Program Book
 Televised Elements
 Animal Related
 Educational
 Jazz
 Receive Government-Funding
 Theater
 Antiques
 Expo
 Media Co-Sponsors:
 Renaissance / Historical
 Ticketed Admission
 Arts
 Film
 Radio
 Rodeo
 Ticketed Seating
 Awards / Medals
 Fireworks
 TV
 Social Media
 Use Own Venue
 Cause Related
 Folk / Ethnic / Cultural
 Print
 Specialty Entertainment
 Use Public Venue
 Children's Activities
 Food & Beverage
 Music
 Spiritual / Religious
 Weird & Wacky
 Crafts
 Free
 Parade
 Sponsored
 Other _____

9. VENDOR COMPANY TYPE

If you are a Vendor in the Festivals & Events Industry, please, select which category below best fits your organization. Please only select one. (Non-Vendors, please skip to Question 10.)

- Artist Management
 Communications
 Fireworks / Special Effects
 Merchandising
 Restrooms
 Attractions
 Concessions / Catering
 Floats / Props
 Music Licensing
 Safety / Security
 Audience Analysis
 Consultants
 Fundraising
 Parking Services
 Signage / Decals
 Audio / Visual Equipment
 Costumes / Mascots
 Group Travel Planning
 Payroll Services
 Sponsorship
 Background / Drug Screening
 Décor / Displays / Backdrops
 Inflatables
 Permit Processing
 Staging / Tents
 Badges / Credentials
 Entertainment
 Insurance / Risk Management
 Photography
 Team Building
 Banners / Flags
 Event Equipment
 Legal Services
 Power
 Ticketing
 Barricades / Fence
 Event Evaluation
 Lifestyle
 Print Services
 Volunteer Management
 Cash Management
 Event Software / Apps
 Marketing
 Production Company
 Weather Monitoring
 Cleaning / Recycling
 Exhibitor / Vendor Management
 Media
 Promotional Products
 Website Design



2024 Membership Application

ORGANIZATION NAME

MEMBER #

UNIQUE #

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10. MEMBERSHIP DUES INFORMATION*

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).

MEMBERSHIP CATEGORIES

*DUES LEVEL

\$50,000 or less/Individual

\$355 (USD)

\$50,001 to \$250,000

\$840 (USD)

\$250,001 to \$1.5 Million

\$1365 (USD)

Over \$1.5 Million

\$1730 (USD)

***Full Time Student Rate**

\$25 (USD)

*An IFEA Student Memberships only include one main contact and are not considered group memberships. A copy of your current school year registration receipt is required to obtain a Student Membership. This rate is not applicable to educational staff / institutions and can not be associated with an organization.

11. IFEA FOUNDATION DONATION:

The IFEA Foundation, a 501(c)3 organization, works hand-in-hand with the IFEA as its primary partner in raising funds for scholarships, educational programs and more. Donations to the IFEA Foundation may be tax deductible and a donation receipt letter will be sent for your records.

Donation Amount (USD): \$25 \$50 \$100 \$250 \$500 Other _____

12. PAYMENT INFORMATION

FIRST YEAR ADMINISTRATION FEE (waived for Full Time Student Rate)

\$ 50 (USD)

IFEA MEMBERSHIP DUES:

\$ _____

IFEA FOUNDATION DONATION (if applicable)

\$ _____

Promo Code: _____

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)

A processing fee will apply to all card transactions.

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.

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.

13. REFERENCES

How did you hear about the IFEA? (Word of Mouth / Social Media / Past Member, etc.): _____

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