



**INCENTIVE MARKETING ASSOCIATION - EUROPE COUNCIL**

**MEMBERSHIP APPLICATION**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province/State \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E mail \_\_\_\_\_ Web Site \_\_\_\_\_

**Membership Category (check all that apply to you)**

|                          |                                     |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Advertising/Sales Promotion Agency  |
| <input type="checkbox"/> | Consultancy                         |
| <input type="checkbox"/> | Distributor                         |
| <input type="checkbox"/> | Fulfillment Company                 |
| <input type="checkbox"/> | Gift Card/Gift Certificate Supplier |
| <input type="checkbox"/> | Incentive House                     |
| <input type="checkbox"/> | Performance improvement Company     |
| <input type="checkbox"/> | Manufacturer                        |
| <input type="checkbox"/> | Show Management                     |
| <input type="checkbox"/> | Trade Press                         |
| <input type="checkbox"/> | Travel & Events Specialist          |
| <input type="checkbox"/> | Other _____                         |

**Membership Annual Fees: check one (valid 2008)**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | IMA Europe - Council Full member <b>\$1,300 US</b> - (includes European & international IMA US fees)                           |
| <input type="checkbox"/> | IMA Europe - Council Associate member <b>\$650 US</b> - (additional members from a full member company or private individuals) |
| <input type="checkbox"/> | IMA Europe - Council only: <b>\$1,050 US</b> - (member is already a IMA US or International member)                            |

Currency: rates are in U.S. dollars

\*Note: Associate members cannot become board members or committee members

**Payment: Credit Card only**

Type or Card: \_\_\_\_\_ Holder: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Invoice:** IMA US will invoice your company directly for the membership fees.

For more information: [info@imaeurope.com](mailto:info@imaeurope.com)

Fax application to: Kate Marie, IMA US, Fax +1-630-369-3773

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