



Incentive Marketing Association
Membership Application

Name _____ Title _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ ext. _____ Fax _____

Email _____ Web Site _____

Application sponsored by / How you heard of IMA: _____ (optional)

MEMBERSHIP CATEGORY (check as many as three categories that best describe the services your company offers the incentive marketplace)

- Advertising/Sales Promotion Agency
Consultant
Distributor
Fulfillment Company
Gift Card/ Gift Certificate Supplier
Incentive House
Performance Improvement Company
Manufacturer
National Marketer
Representative
Show Management
Trade Press
Travel Specialist
Other Please describe:

Reasons for Joining IMA (Please check all that apply)

- New to the industry
Need for information
Networking opportunities
To further my personal education within the industry (CPIM, etc.)
Trade Show discounts
Other - Please describe:

ANNUAL DUES

- Company Member (first year) \$600 \$450 (1st Quarter Membership Bonus)
Affiliate Member \$125
International Member \$250 USD
(Please complete separate applications for additional member(s) from member company. You may make a copy of this form.)

- Check enclosed.
Charge to: American Express Discover MasterCard Visa

Card Number: _____ Expiration Date: _____

Signature: _____