

APPLICATION FOR SUSTAINING MEMBER

Company Information



Name of Company:

Address:

Phone:

Email:

City:

State:

Zip:

Fax:

Toll Free:

Name of Company Administrator:

Title:

Work Phone: *

Cell Phone:

Email: *

Desiring to cooperate with the International Municipal Signal Association and to work closely with its members and pledge to support the objectives of the organization, we hereby make application for a Sustaining Membership in this Association. If a sustaining member has a preferred mailing address different from the company address, please attach. The following individuals will be paid members:

*Indicates a required field

Name:

Title:

Work Phone: *

Cell Phone:

Email: *

Name:

Title:

Work Phone: *

Cell Phone:

Email: *

Name:

Title:

Work Phone: *

Cell Phone:

Email: *

Name:

Title:

Work Phone: *

Cell Phone:

Email: *

It is understood that our officers, engineers, representatives, or others of our organization can attend and participate in all meetings of IMSA Sections and Annual Meeting.

We have included our payment based on the number of memberships in our Tier (see below) covering one year's dues as a Sustaining Member or IMSA can bill us for this amount.

Payment Options:

Please invoice Check enclosed - payable to IMSA
Credit Card – submit at www.IMSAsafety.org

Tier 1	4 or less individuals	\$500
Tier 2	5-8 individuals	\$700
Tier 3	9-15 individuals	\$1,200
Tier 4	16-20 individuals	\$1,600
Tier 5	21+ individuals	\$1,600 + \$75 each over 20

Submit Application

Email to: membership@imsasafety.org

Mail to: IMSA · 579 Haverty Court · Suite 100 ·
Rockledge, FL 32955

Fax: (321) 806-1400

How did you hear about IMSA?