



**Application for Sustaining Membership
in the
International Municipal Signal Association, Inc.**

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. The following individuals should receive mailings from the International office:

(Name) _____ (Title) _____ (e-mail) _____

(Name) _____ (Title) _____ (e-mail) _____

(Name) _____ (Title) _____ (e-mail) _____

(Name) _____ (Title) _____ (e-mail) _____

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

We are attaching herewith our check for \$400.00, covering one year's dues as a Sustaining Member, in accordance with the provisions of your Constitution, or you can bill us for this amount upon the signing of this application and its acceptance by the Membership Committee of the Association.

Contact Person _____

Name of Company _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

Toll Free _____ **E-Mail** _____

Do you want us to bill you? Yes or No

- **If a sustaining member has a different preferred mailing address, please attach.**
- **Please indicate how you learned about IMSA:**

_____ From an individual _____ (Please indicate name)

_____ Mailing from International office

_____ Mailing from Section of IMSA _____ (Please indicate Section)

Reply to: IMSA, P.O. Box 539, Newark, NY 14513

Question? Call: (315) 331-2182 or (800) 723-4672 FAX (315) 331-8205

e-mail: info@imsasafety.org

(Over please)

INFORMATION REQUESTED

SO THAT WE MAY GET ACQUAINTED WITH YOUR COMPANY, WE ASK THAT YOU PROVIDE US WITH THE FOLLOWING INFORMATION.

INFORMATION TO PASS ON TO OUR MEMBERS

SALES CONTACT: _____

E-MAIL ADDRESS: _____

PHONE: _____ EXT: _____

WEBSITE: _____

PRODUCTS MANUFACTURED: (Manufacturer YES NO) _____

PRODUCTS / SERVICES SOLD: _____

SUMMARY OR DESCRIPTION OF PRODUCT OR SERVICE: _____

INFORMATION FOR STAFF

EXHIBITOR CONTACT FOR YOUR COMPANY: _____

WOULD YOU BE INTERESTED IN ADVERTISING IN THE *IMSA JOURNAL* YES NO

ADVERTISING CONTACT FOR YOUR COMPANY: _____

WOULD YOU BE INTERESTED IN BEING A PRESENTER AT OUR INTERNATIONAL CONFERENCE YES NO