



APPLICATION FOR SUSTAINING MEMBERSHIP

Your Partner in PUBLIC SAFETY

Company Information

Name of Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Toll Free: _____ 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 should receive mailings from the International office:

Name: _____ Name: _____

Title: _____ Title: _____

Email: _____ Email: _____

Name: _____ Name: _____

Title: _____ Title: _____

Email: _____ Email: _____

Name: _____ Name: _____

Title: _____ Title: _____

Email: _____ Email: _____

Name: _____ Name: _____

Title: _____ Title: _____

Email: _____ 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 - please submit online: www.IMSAafety.org

	Memberships	Cost
Tier 1	4 or less	\$500
Tier 2	5-8	\$700
Tier 3	9-15	\$1200
Tier 4	16-20	\$1600
Tier 5	21+	Call

Submit Completed Application:

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

Email to: membership@IMSAafety.org

Fax to: (321) 806-1400

Phone: (321) 392-0500 or (800) 723-4672

Please fill out Buyer's Guide information on back of this application for your company's free listing.

IMSA Buyer's Guide

Name of Company _____

Sales Contact _____

Address _____

City, State Zip _____

Phone Number _____ Fax _____

Email _____ Website _____

Products Manufactured (Manufacturer Yes No) _____

Products Sold _____

Summary or Description of Product or Service _____

Product should be indexed under _____

INFORMATION FOR STAFF

Check here if you are interested in being an exhibitor or presenter at IMSA's Annual Conference.

Exhibitor Contact for your Company: _____

Check here if you are interested in advertising in the *IMSA Journal*.

Advertising Contact for your Company: _____