

MEMBERSHIP APPLICATION

APPL		T IMSASAFETY.C		BMI1	THIS FORM VIA MAIL OR E	MAIL.	
Prefix (Mr., Ms	., Mrs.)	First Name	L M.	 I.	Last Name	Suffix (Jr., Sr.)	
Job Title:					_		
					epartment:		
				_			
Postal Cod	e:	C	Country:				
Work Phone:		Home	Phone:		Cell Phone:		
Home Addres	s (street):						
Postal Code:		(Country:				
Preferred Billi	ng Address: [⊐ Work □ Hom	e Prefer	red Sł	hiping Address: 🗆 Work 🗖 F	łome	
	-		MEMBE	RSF		Annual Dues (In US Funds)	
Public Agency Self paid membership						\$100.00	
					usiness whose primary responsibility is in t	the \$100.00	
Operational Self paid member			ution of products and is actively engaged in IMSA-certified public safety operations. ership for an employee of privately-owned business who is actively engaged in IMSA-certi				
			ions, except those who are involved with the sales and distribution of products enrolled full time at an accredited college or university in a field related to IMSA activi				
				•	or university in a field related to IMSA act		
			HOD OF				
\Box (Check enclose	ed. Check #					
	Bill Agency/O	Agency/Organization (Attach Purchase Order) P.O #					
	Bill IMSA Sect	IMSA Section					
Ň		th a credit card over t			nline membership application. If you is box and we will call you once we		
		Please indic	ate how yo	u lea	arned about IMSA		
From an ind				Mailing from the International Office			
Mailing from	Section of IMS	A (Section)			Other		
	Questic	ons? call 321-392	-0500 or er	nail N	/lembership@IMSAsafety.or	g	
Internation	nal Municipa	al Signal Associat	ion 597 Ha	wert	y Court • Suite 100 • Rockled	dge, FL 32955	