

Advancing the Future of Public Safety

## APPLICATION FOR PUBLIC AGENCY COMPANY MEMBER

Company Informat Name of Company:	ion	
City:	State:	Zip:
		l:
and pledge to support the of Membership in this Associated	bjectives of the organization, we her	Association and to work closely with its members reby make application for a Public Agency preferred mailing address different from the company nailings from the International office:
Name:	Nar	me:
Title:	Titl	e:

 Email:
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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 Public Agency Company Member or IMSA can bill us for this amount.

Tier 0	1-2 indivudals	\$100 each
Tier 1	3 individuals	\$90 each
Tier 2	4-8 individuals	\$85 each
Tier 3	9-15 individuals	\$80 each
Tier 4	16-20 individuals	\$75 each
Tier 5	21 + Individuals	\$70 each

Email: \_\_\_\_\_

## **Payment Options:**

Email: \_\_\_\_\_

Please invoice
Check enclosed - payable to IMSA
Credit Card - please submit online: www.IMSAsafety.org

## Submit Completed Application:

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

Email to: membership@IMSAsafety.org

Fax to: (321) 806-1400 Phone: (321) 392-0500