

APPLICATION FOR PUBLIC AGENCY COMPANY 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 Public Agency Membership in this Association. If a public agency 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 Public Agency Company 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

Submit Application

Email to: membership@imsasafety.org | Fax to: (321) 806-1400

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

Tier 0	1-2 individuals	\$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

***Please note that dues are non-refundable**