

**APPLY ONLINE AT [IMSASAFETY.ORG](http://IMSASAFETY.ORG) OR SUBMIT THIS FORM VIA MAIL OR EMAIL.**

Prefix (Mr., Ms., Mrs.)     
  First Name     
  M.I.     
  Last Name     
  Suffix (Jr., Sr.)

Job Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_ Department: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ How did you hear about IMSA? \_\_\_\_\_  
 Work Address (street): \_\_\_\_\_  
 City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Home Address (street): \_\_\_\_\_  
 City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Preferred Billing Address:  Work  Home     
 Preferred Shipping Address:  Work  Home

## INDIVIDUAL MEMBERSHIP OPTIONS

Annual Dues  
(In US Funds)

<b>Public Agency Individual</b>	Self paid membership for an employee of a municipality	\$100.00
<b>Associate</b>	Self paid membership for an employee of privately-owned business whose primary responsibility is in the sales and distribution of products and is actively engaged in IMSA-certified public safety operations.	\$100.00
<b>Operational</b>	Self paid membership for an employee of privately-owned business who is actively engaged in IMSA-certified public safety operations, except those who are involved with the sales and distribution of products	\$100.00
<b>Student</b>	Self paid individual enrolled full time at an accredited college or university in a field related to IMSA activities	\$35.00

Name of School: \_\_\_\_\_ Projected Graduation Date: \_\_\_\_\_

## METHOD OF PAYMENT

- Check enclosed. Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Bill Agency/Organization (Attach Purchase Order) P.O # \_\_\_\_\_
- Bill IMSA Section \_\_\_\_\_

Credit card payments can be accepted if you use our online membership application. If you wish to pay with a credit card over the phone, check this box and we will call you once we set up your membership.

### Please indicate how you learned about IMSA

From an individual (Name) \_\_\_\_\_  Mailing from the International Office  
 Mailing from Section of IMSA (Section) \_\_\_\_\_ Other \_\_\_\_\_

**Questions? call 321-392-0500 or email [Membership@IMSAsafety.org](mailto:Membership@IMSAsafety.org)**