



I3A Membership Application

Company Name: _____

Address (Headquarters): _____

URL _____ Phone # _____ Fax # _____

Please provide complete details for all contact areas indicated below

	PRIMARY	MARKETING/PR	TECHNICAL
Name			
Title			
Address (If same as the corporate address, please enter "same")			
Phone #			
Fax #			
Email			

MEMBERSHIP SELECTIONS

a) Check the box next to the desired Membership Level:

Associate Regular Strategic

b) Place a check mark next to the desired Interest Group selection(s):

**Applies to Regular & Strategic Membership only. Regular members may select more than one IG for an additional charge of \$1,500 per IG*

Mobile Imaging Image Preservation Digital Imaging Photo Sharing Advocacy Health Imaging

Company representative wishing to participate on the selected Interest Group(s) may contact donnac@i3a.org to be added at any time during your company's membership.

ANNUAL FEE DETAILS

Total Annual Company Revenue	Associate Membership (no IG participation)	Regular Membership (*includes one IG)	Strategic Membership (all inclusive)	*Regular Members Fees for Additional Interest Groups
<\$5M	\$1,875	\$ 5,000	\$ 25,000	\$1,500 per group
\$5M < \$10M	\$2,400	\$ 7,500	\$ 25,000	
\$10M < \$100M	\$3,750	\$ 10,000	\$ 30,000	
\$100M < \$500M	\$6,250	\$ 15,000	\$ 40,000	
\$500M < \$2B	\$8,150	\$ 21,000	\$ 50,000	
\$2B < \$10B	\$10,000	\$ 26,000	\$ 60,000	
> \$10B	\$11,900	\$ 32,500	\$ 80,000	

Amounts Indicated Above Are in U.S. Denominations

Total Annual Revenue (USD, most recently completed fiscal year): \$ _____

Annual I3A Membership Dues (see above): \$ _____

Additional IG Fees (if applicable, see above): \$ _____

TOTAL ANNUAL FEES DUE: \$ _____



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BILLING OPTIONS AND INFORMATION

Please select one of the billing options provided below:

1 **Check Enclosed** (Make check payable to International Imaging Industry Association)

2 **Charge My Credit Card** (please provide all additional details below)

VISA MasterCard American Express

Card #: _____ Expire Date (Month/Year): _____

Credit Card Holder (please print): _____

Billing Address (for credit card): _____

Signature (Credit Card Holder): _____

3 **Invoice My Company** (Note: All invoices require payment within 30 days of receipt)

PO#: _____ Corporate Billing Contact: _____

E-Mail Address (Billing): _____ Phone # (Billing): _____

Billing Address: _____

AUTHORIZATION

By signing below, the applicant acknowledges and agrees that, once signed and accepted by I3A, this application represents a binding contract between the parties and commits the applicant to (1) payment of annual membership dues and any necessary additional fees as determined by the board of directors and (2) comply with all the terms and conditions of I3A's Certificate of Incorporation, bylaws and any additional policies the board of directors and/or other I3A groups may elect to adopt. The applicant hereby acknowledges receipt of and review of I3A's bylaws. The applicant certifies that it meets the conditions of membership specified in the bylaws and that it has accurately stated its revenues with regard to the calculation of the fees payable in respect to the membership level they have selected.

APPLICANT AUTHORIZATION:

Company: _____

Name: _____

Title: _____

Signature: _____

Date: _____

ACCEPTED BY:

Company: International Imaging Industry Association (I3A)

Name: Lisa Walker

Title: President

Signature: _____

Date: _____

SUBMISSION INSTRUCTIONS

Please submit your completed application to Membership Services via one of the following:

E-Mail: i3amembership@i3a.org

Fax: +1 (781) 207-6369

Mail: The International Imaging Industry Association (I3A)
Attention: Shannon Taylor
401 Edgewater Place, Suite 600
Wakefield, MA 01880