MEMBERSHIP APPLICATION

April 2009

Membership Category	Type	Eligibility	Dues	Includes
Class I/Company:	**A**	**Corporations** **Utilities**	**$975**	**3 employees**
	B	**Small companies** **Universities** **Non-profit Organizations**	**$650**	**2 employees**
Class II/Individual:		**Individuals**	**$110**	
Class IID/Add. Mbr		**Individual**	**$70**	
Class III:	**A**	**Students**	**$25**	
	B	**Libraries**	**$25**	

Name (Last, First, Middle) (please attach business card if available)

Company

Address

Telephone Facsimile Email

□ American Express
□ Mastercard
□ Visa
□ Discover
□ Diners

Credit Card Number _____

Name of Cardholder _____

Expiration Date_____CID #(required)**_____

Signature _____

□ Check Enclosed (Please remit in USD) CHECK NUMBER: _____

**3 digits on back of Visa or Mastercard, 4 digits on front of American Express

Please complete the section below if you are applying for Class 1 Membership:

Principal Activity of Company

Name of Primary Contact Person

Signature of Authorized Officer

Please direct inquiries to the IDA Membership Manager: Ms. Candace MacLaughlin
at cmaclaughlin@idadesal.org or Fax:+1.978.887.0411

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