

Membership application

Corporate Membership

Yes, I want to apply for Corporate Membership

Company information

Company _____

Address _____

City _____

State/Province _____

Country _____

Postal/Zip Code _____

Telephone _____

Fax _____

Web site _____

Corporate member fees

Company Membership US\$7,500
(Unlimited number employees for single title or company)

Group Membership US\$7,500 minimum
(Additional titles/offices US\$1,000 each)

_____ Number of titles/offices you want to
include with the Group Membership

Payment method

My check is enclosed made payable to INMA in U.S. dollars
drawn on a U.S. bank

Bank transfer in U.S. dollars to: INMA, Account Number
881 939 862, Chase Bank (ABA: 111 000 614), SWIFT
CHASUS33, Dallas, Texas, USA
(bank charges and commissions to be paid by sender)

Signature _____

Individual Membership

Yes, I want to apply for an Individual Membership at US\$795
per year

Individual information

Mr. Ms. Dr. Other _____

First name _____

Last name _____

Job title/function _____

Company _____

Company owner _____

Address _____

City _____

State/province _____

Postal/zip code _____

Country _____

E-mail _____

Company telephone _____

Mobile telephone _____

Fax _____

Web _____

VAT number (if applicable) _____

Charge my fee to: MasterCard Visa AMEX

Credit card number _____

Expiration date _____

CVC2 code (3- or 4-digit) _____

Name on credit card _____

Signature _____

Today's date _____

For an Individual Membership, you will be e-mailed a user name and password for online access to your INMA benefits. For Company and Group memberships, you will be contacted with payment information and a separate application form for individuals attached to your membership. Kindly fax this form to INMA at +1 214 373-9112 or e-mail membership@inma.org. *These membership dues rates are good through December 31, 2018*