



Membership Application

Effective October 1, 2020

TYPE OF MEMBERSHIP (CHOOSE ONE)

Full Membership

Access to all information and services, including member pricing, and right to vote for and serve on the Board of Directors. Includes all staff in the organization.

Brand Partner—\$600 (Select one)

- CPG Brand
- Brand & Design Agency
- Advertising Agency
- Media & Publishing
- Other _____

Consultant Partner—\$550

- Small business (1-5 employees)

Print Services Partner (Select one)

- Less than \$4 million in sales—\$650
- \$4-25 million in sales—\$1450
- Greater than \$25 million in sales —\$2950

Industry Supplier Partner (Select one)

- Less than \$4 million in sales—\$650
- \$4-25 million in sales—\$1450
- Greater than \$25 million in sales —\$2950

Associate Membership

Access to all information and services including member pricing. Does not include voting for or serving on the Board of Directors.

Educational Institution—\$350

- Educational Institution

Individual—\$95 (Select one)

- Single professional
- Student
- Retired

PRIMARY DELEGATE & ORGANIZATION BILLING CONTACT INFORMATION

Receives annual membership dues invoice, ballot for elections, and all communications and announcements.

Organization Name _____

Official Delegate Name _____

Title _____

Office Phone _____

Mobile _____

Email _____

Address _____

City _____

State _____ Zip/Postal Code _____

Country _____

Website _____

Number of employees in Org. (or related department) _____

Total Sales Volume for Organization _____

Sales and employee data is strictly used for internal marketing purposes and is confidential and not released for any reason.

SECONDARY ORGANIZATION CONTACT

Alternate delegate. Receives ballot for elections, and all communications and announcements.

Name _____

Title _____

Office Phone _____

Mobile _____

Email _____

Idealliance does not sell, exchange, rent, or license membership data to third parties; however, Idealliance may from time-to-time authorize third parties to provide product offers or invitations Idealliance deems of interest to members.

PAYMENT OPTIONS (IN USD)

Submit completed form with annual membership dues to start membership. Dues are automatically invoiced at anniversary month.

Annual Member Dues Amount _____ Credit Card: Visa MasterCard Amex

Account Number _____ Exp. Date _____

Name on Card _____ Signature _____

SUBMIT FORM AND PAYMENT

MAIL TO: Idealliance
1800 Diagonal Road, Suite 320
Alexandria, VA 22314-2862

EMAIL: membership@idealliance.org

FAX: 703.837.1072

FOR MORE INFORMATION CONTACT:

DONNA KOMLO
Manager of Membership Support and Services

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