



Americas Membership Application

MAIL WITH PAYMENT / FAX INFORMATION & PAYMENT / EMAIL INFORMATION & PAYMENT

IMTA (Americas)

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COMPLETE FORM

Company Name _____ # of Employees** _____
 Address _____
 City / State / Zip Code _____
 Country _____
 Contact Name _____ Position _____
 Phone _____ Fax _____
 Email Address _____ Web Address _____

INDICATE TYPE OF BUSINESS

- | | | |
|---|---|--|
| <input type="checkbox"/> Computer Mapping | <input type="checkbox"/> Geographic Information Systems (GIS) | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Geospatial/Spatial Information Systems | <input type="checkbox"/> Navigation / GPS |
| <input type="checkbox"/> Customized Products/Services | <input type="checkbox"/> Globes Manufacturer | <input type="checkbox"/> Printing/Finishing Services |
| <input type="checkbox"/> Data Products | <input type="checkbox"/> Government Organization | <input type="checkbox"/> Publisher |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Raised Relief Maps |
| <input type="checkbox"/> Electronic Media | <input type="checkbox"/> Map Library | <input type="checkbox"/> Remote Sensing |
| <input type="checkbox"/> Retailer Online | <input type="checkbox"/> Retailer Specialty Map Store | <input type="checkbox"/> Travel Agency |
| <input type="checkbox"/> Retailer Other | <input type="checkbox"/> Surveying | |

COMPANY DESCRIPTION (25 Words or Less)

**** ANNUAL MEMBERSHIP FEES**

- | | |
|---|----------|
| <input type="checkbox"/> Level 1 — 1 – 9 Employees | USD\$180 |
| <input type="checkbox"/> Level 2 — 10 – 24 Employees | USD\$350 |
| <input type="checkbox"/> Level 3 — 25 or More Employees | USD\$550 |
| <input type="checkbox"/> Level 4 — Associate Member | USD\$100 |

Associate Membership is open to individuals with a non-commercial interest, i.e. map collectors, students of cartography, map librarians, etc.

PAYMENT INFORMATION MasterCard VISA

Card Number _____ Expiration Date _____
 3-Security Code on Back of Card _____
 Name on Card (Please Print) _____
 Credit Card Billing Address _____
 City / State / Zip / Country _____