



Americas Membership Application

COMPLETE FORM, MAIL WITH PAYMENT OR FAX CREDIT CARD INFORMATION

IMTA (Americas)

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

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 _____
 Name on Card (please print) _____
 Credit Card Billing Address _____
 City / State / Zip / Country _____