



## MEMBERSHIP APPLICATION FORM

### First Member

**First Name:**

**Last Name:**

**Title:**

**Phone:**

**Email:**

### General Information

**Organization (if applicable):**

**Website Address (if applicable):**

**Address:**

**Address 2:**

**City:**

**State/Province/Other:**

**Zip Code (if applicable):**

**Country:**

### Second Member (if corporate membership if applicable)

**Title:**

**First Name:**

**Last Name:**

**Phone:**

**Email:**

### Third Member (if corporate membership if applicable)

**Title:**

**First Name:**

**Last Name:**

**Phone:**

**Email:**

### Fees

Individuals	\$100	Companies > \$50 million	\$4000
Faculty/Researcher	\$100	Associations < \$1 million	\$1000
Companies < \$10 million	\$1000	Associations \$1-\$3 million	\$1500
Companies \$10-\$50 million	\$3000	Associations > \$3 million	\$2500

Mail the MEMBERSHIP APPLICATION FORM with payment to: IIAM 3 Computer Drive West, Suite 102, Albany, New York, 12205, United States of America.