

 **MEMBERSHIP APPLICATION**

Please download this form and fill out the required information in the gray boxes below. Boxes in red are required. Please email completed form to Stacey Schroeder at [cleveland@ims-online.com](mailto:cleveland@ims-online.com). For questions, or to learn more, you can call Stacey at (248) 910-5222.

Membership dues are increasing effective 1/1/2022. Lock in our current rate of \$3,900 / year (or \$975 / quarter) by submitting your application by 12/31/2021. After that, membership dues are \$4,400 / year (or \$1,100 per quarter). New members are welcome to try out our services for 1 quarter before committing to a full year.

Please begin our sponsorship with the month of \_\_\_\_\_ of the year

**Name of Organization:**

**Your Name:**

**Your Title:**

**Mailing Address:**

**Billing Address If different):**

**Billing Contact (if not you):**

**Telephone:**

**Fax:**

**E-mail:**

**Signature:** \_\_\_\_\_

**Select Your Primary IMS Location:**

Please select any additional IMS locations for which you would like to receive monthly notifications:

Boston	Chicago	Cleveland	Columbus	Dallas-Ft. Worth	Houston
Kansas City	Los Angeles	New Jersey	New York	Philadelphia	Saint Louis
San Francisco	Toronto	Washington D.C.			