

International Digital Media and Arts Association

Membership Application

Individual Membership (\$125)

Student Membership (\$35) *Undergraduate and Graduate. Must include copy of current student I.D. with application.*

Non-profit Organization Membership (\$495) *Includes colleges, universities, and foundations*

For-profit Organization Membership (\$1000)

Primary Member Information:

Name _____

Institution/Organization _____

Department/Division _____

Title/Position _____

Phone Numbers: Office (____) _____ Home (____) _____ FAX (____) _____

For international members, Country Code _____ City Code _____

e-mail address _____

Website address _____

Address _____

Address 2 _____

City _____ State/Province _____ ZIP _____ – _____ Country _____

IDMAA may have the opportunity to provide a list of its members to affiliated companies with interests in digital media and art. If you would prefer not to be contacted by these companies. Please check "no" below. IDMAA does provide a membership directory to its members.

Yes, I would like to receive information from affiliated companies. No, I would not like to be contacted.

Areas of Interest:

Please list your top three digital media or digital art interest areas

1. _____

2. _____

3. _____

Method of Payment:

I have enclosed the following amount, \$ _____ for membership fees.

Make check or money order in U.S. funds only payable to IDMAA and send with this form to:

International Digital Media and Arts Association
c/o Joel Kline, Digital Communications
101 N. College Ave, Annville, PA 17003

For membership questions or for more information about IDMAA, please contact:
idmaa@idmaa.org or visit our website at www.idmaa.org

Organization Member Information:

Name _____

Department/Division _____

Title/Position _____

Phone Numbers: Office (____) _____ Home (____) _____ FAX (____) _____

e-mail address _____ Website address: _____

Address _____

Address 2 _____

City _____ State/Province _____ ZIP _____ – _____ Country _____

Name _____

Department/Division _____

Title/Position _____

Phone Numbers: Office (____) _____ Home (____) _____ FAX (____) _____

e-mail address _____ Website address: _____

Address _____

Address 2 _____

City _____ State/Province _____ ZIP _____ – _____ Country _____

Name _____

Department/Division _____

Title/Position _____

Phone Numbers: Office (____) _____ Home (____) _____ FAX (____) _____

e-mail address _____ Website address: _____

Address _____

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City _____ State/Province _____ ZIP _____ – _____ Country _____

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Title/Position _____

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Address _____

Address 2 _____

City _____ State/Province _____ ZIP _____ – _____ Country _____