

IDA Membership Enrollment Form

Please type or print clearly. Fax or mail to IDA complete with payment.

I. Contact Information

Organization: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Website: _____ Fax: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Staff Name: _____ Staff Title: _____

Phone: _____ Email: _____

How did you hear about IDA? _____

List my information in the directory (viewable only to members).

II. Membership Category & Demographic Information

(Please indicate one of the following membership categories)

Non-Profit Organization Operating Budget (USD): \$ _____

Public Agency/State, Provincial, National Association
City Population: _____ Metro Population: _____
Operating Budget (USD): \$ _____

For-Profit Corporation/Business
Annual Gross Revenue (USD): \$ _____ Staff Size: _____
(Revenue information is for internal IDA use only will not be disclosed.)

Individual Academic Student Virtual International Virtual

III. Dues Payment

Dues Payment Enclosed (US): \$ _____

Check (Payable in US dollars to the International Downtown Association)

Credit Card Visa MasterCard American Express

Card Number: _____ Exp. Date: ____ / ____

Name on Card: _____

Signature: _____

Return completed form with payment to:

Fax: 202-393-6869

International Downtown Association
1025 Thomas Jefferson Street NW, Suite 500W
Washington, DC 20007

Questions? Call 202-393-6801



Inform.

Influence.

Inspire.