



# The Voice of Indiana Motorsports

## Membership Application

### Company Information

Company Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Number of Employees (locally or worldwide if applicable): \_\_\_\_\_

Reason for Joining: \_\_\_\_\_

Category (Manufacturer, Supplier, ect): \_\_\_\_\_

Business Description: \_\_\_\_\_

### Contact Information

Main Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

HR/Employee Benefits Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marketing Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Membership Level

Academic Member \$2,500

Participating Member \$850 (Manufacturer, Supplier, Service, Track, Sanctioning Body, Professional Race Team, etc.)

Weekly Racer \$250

Membership Activation Date: \_\_\_\_\_

### Method of Payment – Membership dues are non-refundable and subject to change without notice

Check or Money Order (payable to IMA)

Credit Card (American Express, MasterCard or Visa)

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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