

# IMA MEMBERSHIP APPLICATION



Indiana Motorsports Association  
3200 Cold Springs Road  
Indianapolis, IN 46222  
317.955.6400  
Fax 317.955.6420  
www.indianamotorsports.org

## THIS SPACE FOR OFFICE USE ONLY

Date rec'd in acct'g. \_\_\_\_\_

Amt. \_\_\_\_\_

New member I.D. # \_\_\_\_\_

## COMPANY INFORMATION

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

DBA \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal Code (ZIP) \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Company E-mail \_\_\_\_\_ Company Web Site \_\_\_\_\_

**Mailing Address**  
(If different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal Code (ZIP) \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

**Business Description** (Must be completed, 30 words or less) \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Company's Annual Revenue: ☐ less than \$249,000 ☐ \$250,000-\$499,000 ☐ \$500,000-999,000 ☐ \$1,000,000-\$2,499,999  
☐ \$2,500,000-4,999,999 ☐ \$5,000,000-9,999,999 ☐ \$10,000,000+

Reason for joining IMA? \_\_\_\_\_

How did you hear about IMA? \_\_\_\_\_

## MEMBERSHIP LEVELS

☐ **WINNERS CIRCLE** - \$25,000

☐ **TEAM MEMBER** - \$750

☐ **POLE POSITION** - \$7,500

☐ **FAN** - \$95

☐ **ACADEMIC MEMBER** - \$5,000

## COMPANY EMPLOYEES

List key contacts for each department. *For IMA communications purposes only.*

		Receive Enews?
Key Contact:	E-mail:	<input type="checkbox"/>
Billing Contact:	E-mail:	<input type="checkbox"/>
President/Owner:	E-mail:	<input type="checkbox"/>
Marketing/Sales/PR Contact:	E-mail:	<input type="checkbox"/>
Publications Contact:	E-mail:	<input type="checkbox"/>

## METHOD OF PAYMENT

Membership dues are nonrefundable and are subject to change without notice.

Membership Dues: ..... \$ \_\_\_\_\_

☐ Check or money order enclosed payable to IMA (U.S. dollars only) ☐ VISA ☐ MasterCard ☐ American Express

☐ Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ CVV Number (required)\* \_\_\_\_\_

**Please print**

Cardholder's Name \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

**\*Visa/MasterCard:** The last 3 digits of the card number printed in the signature space on the back of the card.  
**\*American Express:** The 4-digit number printed above and to the right of the raised number on the front of the card.