



Illinois Movers' and Warehousemen's Association Associate Membership Application

Company Name	
<input type="checkbox"/> Individual owner <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	
Names of all Owners, Partners, Officers	
Contact Person authorized to receive mail and make decisions on behalf of the company	
Company mailing address (include city, state, and zip)	
Geographic Location , if different from mailing address	
UPS Address if different from mailing or geographic address	
Phone (including Area Code)	
Contact person's e-mail address	
Internet website <i>List complete URL (address)</i>	
Product or Service. Briefly describe as we should list in Buyer's Guide and web directory	
Business Reference <i>include individual, company, address & phone number</i>	
Who recruited you for membership? List person & company so we can acknowledge.	

The undersigned represents, warrants, and promises that the information included with this application is true, accurate, and complete to the best of the applicant's knowledge and belief. **If admitted to membership**, I (we) agree and promise to pay the annual membership dues in a timely manner; abide by the bylaws, Code of Ethics and Professional Conduct, and other procedures as prescribed to the Board of Directors; and conduct business in an ethical manner consistent with the laws of the State of Illinois and the United States of America, or any subdivision thereof. I (we) understand that failure to meet these obligations may result in suspension or termination of membership and forfeiture of all membership services.

I consent to receive communications sent by or on behalf of IMAWA and its subsidiaries and affiliates concerning IMAWA programs, services, and activities via e-mail, telephone, regular mail, or any other medium.

<u>Signature</u> of authorized representative	
Date	

Please return fully completed application form along with one full year's membership dues to:

**Illinois Movers' and Warehousemen's Association
932 South Spring Street—Springfield, IL 62704**

Phone 217-585-2470 or toll free 888-791-2516—e-mail imawa@imawa.com

Application review includes solicitation of comments from all IMAWA members and review of applicant's business practices via BBB, internet search, and other resources.

In accordance with the Omnibus Budget Reconciliation Act of 1993, IMAWA estimates that approximately 10% of your dues payment to us is non-deductible as a "lobbying expense". The remainder (90%) is deductible only as a business expense; it is not a charitable contribution.