



5209 N. 30<sup>th</sup> Street  
Arlington, VA 22207

## Membership Application

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

Delivery Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Web site Address \_\_\_\_\_

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

### Company Information

Business Services you offer:

\_\_\_\_\_  
\_\_\_\_\_

### Contact Information

**Primary Representative** (mailing contact for billing purposes and primary contact for IMAG communications)

Name \_\_\_\_\_ Title \_\_\_\_\_

Address (if different from headquarters address above):

\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

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

E-mail \_\_\_\_\_ (*required for communications*)

**Alternative Representatives** (to be included on IMAG's email distribution list)

Names/Email

Addresses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Dues Payment

IMAG's annual dues are **\$2,750** for a company with a single processing facility and **\$3,850** for a company with multiple processing facilities. Solo practitioners pay **\$635**.