

Membership Application

131 Craterview Drive, Silver Creek, WA 98585

WWW.IMTCA.ORG

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Please make sure all fields are completed with the appropriate information. Missing information will delay the processing of your application. Mail or fax the completed information to IMTCA Membership at the above address or fax number. **Don't forget to include a check payable to IMTCA or supply your credit card info.**

Membership: _____ Date: _____

Name (individual or company) _____

Address _____

City _____ State _____ Country _____ Zip Code _____

Phone (____) _____ 2nd Phone (____) _____

E-mail _____

Membership Type: Please mark your selection

General/Amateur	12 month	\$35 USD	_____
	24 month	\$60 USD	_____

Youth (18 and under)	12 month	\$25 USD	_____
	24 month	\$40 USD	_____

Professional (Trainer)	12 month	\$30 USD	_____
	24 month	\$50 USD	_____

Family	12 month	\$100 USD	_____
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Facility	12 month	\$250 USD	_____
	24 Month	\$450 USD	_____

Lifetime Personal/Professional Membership		\$500 USD	_____
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Trailblazer Business Annual Sponsorship		\$500 USD	_____
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If paying by credit card, please complete the following: Total Amount _____

Visa Mastercard

Card number _____

Expiration date: _____

Cardholder Name: _____

Daytime Phone Number (____) _____

CRV Number (3 digit code on back of card) _____

Cardholder Signature: _____

Memberships (if paid with credit card) will automatically renew. You can cancel this option at any time by contacting IMTCAssoc@gmail.com

Dues payments MAY be tax deductible as an ordinary and necessary business expense. Consult with your tax advisor. Your payment of membership dues acknowledges that membership in IMTCA is voluntary and you agree to be bound by the terms and conditions of *IMTCA Official Handbook of Rules and Regulations*.

DO NOT SEND CASH U.S. FUNDS ONLY