

COMMERCIAL MEMBERSHIP REGISTRATION FORM

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Service Length: July 1, 2009 — June 30, 2010

** Please print all information

Name: _____ Title: _____
Company: _____
Address: _____ City, State, Zip Code: _____
Work Telephone: () _____ FAX: () _____
E-mail Address: _____ Web site Address: _____

If applicable, please list up to two additional contact company representatives:

Name: _____ Name: _____
Title: _____ Title: _____
Telephone: () _____ Telephone: () _____
E-mail: _____ E-mail: _____

COMMERCIAL – businesses and individuals who provide products and services to the communities, agencies and organizations of I.P.R.A. members. **\$145 / annually**

NEW – IPRA is committed to providing quality services to its membership through fiscal responsibility and in a prudent eco-friendly manner. On this journey, all publications such as monthly newsletter, membership directory/buyer's guide, conference and workshop brochures, and sport program materials will only be electronically distributed in addition to being posted to the official IPRA Web site (www.iapra.org) for online access.

MEMBERSHIP BENEFITS

- **All commercial members will receive a link between the IPRA Web site and the member company!**
- Membership directory & buyer's guide published annually, includes commercial advertising and contacts.
- Reduced rates for advertising in membership directory & buyer's guide and/or monthly newsletters.
- Reduced fees to attend conferences and workshops.
- Receive monthly newsletter containing valuable articles, current events and job listings.
- Awards program to acknowledge the very special talents of member agencies and professionals.
- Ability to network with other professionals at conferences, workshops and committees.
- Quick access to vital association information at www.iapra.org

Method of Payment (please the appropriate line)

_____ Check _____ Invoice _____ Credit Card

Credit Card Information _____ Visa _____ Master Card _____ Discover

Card # _____ Expiration _____ / _____ Security Code (3 digit code back of card) _____

Name as it appears on card _____

Billing address of credit card _____

Billing city, state, zip code _____

