



Membership Form

Company Name _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Website _____

Contact Name _____ Position/Title _____

Telephone _____ Email _____

Please check the categories that describe your company's business (not your target market):

- Academic Faculty
- Adhesives
- Blow Molders
- Blow Molding Machines
- Brand Owners
- Consultants
- Converters
- Diecutting Equipment
- Injection Molders
- Injection Molding Machines
- Inks & Coatings
- Label Distributors
- Label Printers
- Label Substrates
- Mold Manufacturers
- Printing Presses
- Resin Supplier
- Robotics/Automation
- Static Control Equipment
- Student Members
- Thermoformers
- Thermoforming Machines
- UV Curing Equipment
- Vision Inspection Systems

Membership Yearly Dues:

- Corporation (sales less than US \$3 million): **\$800**
- Corporation (sales greater than US \$3 million): **\$1,000**
- Academic Member: **No charge**

I have enclosed a check or money order for \$_____, payable to the In-Mold Decorating Association.

Please charge \$_____ to my Visa Mastercard Discover American Express

Cardholder's Name _____ Expiration Date _____

Card Number _____ Security Code _____

Signature _____

Billing Address _____