



INTERNATIONAL GUILD OF MINIATURE ARTISANS

P. O. Box 629
Freedom, California 95019-0629
USA
www.igma.org

IGMA Membership Form 2009—2010

Date: _____

Name: _____

Additional Family Member(s): _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____

Telephone: _____ Fax: _____

E-mail _____ Web site _____

- The IGMA membership list is now available to members, may we release your name? _____ YES _____ NO
- Check the following if you would like your information added to our member web site pages:

Email Web Site URL Business Name _____

Dues for General and Family Members	1 year	2 years	3 years
General Members U.S.A.	\$40.00	\$75.00	\$105.00
General Members INTERNATIONAL	\$45.00	\$85.00	\$120.00
Additional Family Memberships U.S.A. or INTERNATIONAL	\$15.00	\$30.00	\$45.00

• Please circle one (or more) of the above and return with your payment to:

IGMA
P. O. Box 629
Freedom, CA 95019-0629

Fax: 831-724-8605
Email: info@igma.org
Questions: 1-800-711-4462 (IGMA)
or 831-724-7974

NOTE: Annual Membership dues dates are August 1st – July 31st

- Dues for new members joining **after June 1st, 2009** are for the full annual amount and will be credited for membership through July 31st of the **2010**.
- Last half of our fiscal year: **dues will be reduced 2/01/10–05/31/10 to \$25 for USA memberships and \$30 International memberships**; family memberships are reduced to \$10 for this period. This discount will cover membership through 07/31/2010. On August 1st 2010 full annual dues are due and payable.

\$ _____ General Membership U.S.A. Resident

\$ _____ General Membership International Resident

\$ _____ Family Membership – ANNUAL: \$15 each additional person; same general member address used

\$ _____ TOTAL PAYMENT DUE

METHOD OF PAYMENT: CREDIT CARD or CHECKS IN U.S. DOLLARS ONLY on U.S. Bank

CHECK: Make Checks Payable to I.G.M.A _____ Amount of CHECK \$ _____

CREDIT CARD: We accept only Visa or MasterCard ____ Amount to be CHARGED \$ _____

If using a credit card, please fill out the following information and circle one: MasterCard Visa

• Card Number: _____ Expiration Date: _____

Name as it appears on the card: _____

SIGNATURE: _____