

# MEMBERSHIP APPLICATION/RATES

**Regular Members** shall include any firm, corporation and other for-profit entities that own, produce or provide full service management of “face to face” trade shows, consumer shows, expositions, conferences and/or similar events that represent a substantial part of their business, and which meet such other reasonable qualifications as may be determined by the Board of Directors from time to time.

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Website (URL): \_\_\_\_\_

Primary Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Secondary Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Third Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Member Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country (If other than the US) \_\_\_\_\_

Number of Employees \_\_\_\_\_

If you wish to appoint a representative other than the primary representative above, to receive all of the mail information, please provide alternative address information for that person below:

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

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country (If other than US) \_\_\_\_\_ Fax#(\_\_\_\_) \_\_\_\_\_

**Please list your top three trade shows:**

Trade show name and website URLs	No. of Exhibitors	No. of Attendees	Net Sq. Footage or Meters
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total number of shows:</b> _____	<b>Exhibitors</b> _____	<b>Attendees</b> _____	<b>Sq. Footage/Meters</b> _____

**Your annual dues are based upon your annual gross revenue • Please check mark the appropriate Membership Level**

Gross Annual Revenue (USD)	Annual Dues	Gross Annual Revenue (USD)	Annual Dues
<input type="checkbox"/> \$0 - \$500,000	<b>\$295.00</b>	<input type="checkbox"/> \$5 Million - \$10 Million	<b>\$ 950.00</b>
<input type="checkbox"/> \$500,000 - \$1 Million	<b>\$450.00</b>	<input type="checkbox"/> \$10 Million - \$25 Million	<b>\$1,925.00</b>
<input type="checkbox"/> \$1 Million - \$5 Million	<b>\$695.00</b>	<input type="checkbox"/> Over \$25 Million	<b>\$2,525.00</b>

Upon approval you will receive an invoice for your membership, plus any pro-rated amount to bring your dues within SISO's billing cycle. All information is kept confidential. Please complete this form and email to: [David@SISO.org](mailto:David@SISO.org) or fax to: SISO at +1-404-393-9923

For office use only

Approved  Not Approved Date: \_\_\_\_\_ By \_\_\_\_\_ Reason \_\_\_\_\_