



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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total number of shows: _____ Exhibitors _____ Attendees _____ Sq. Footage/Meters _____			

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	\$295.00	<input type="checkbox"/> \$5 Million - \$10 Million	\$ 950.00
<input type="checkbox"/> \$500,000 - \$1 Million	\$450.00	<input type="checkbox"/> \$10 Million - \$25 Million	\$1,925.00
<input type="checkbox"/> \$1 Million - \$5 Million	\$695.00	<input type="checkbox"/> Over \$25 Million	\$2,525.00

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** or you may fax to: **SISO at +1-404-393-9923**

For office use only

Approved Not Approved Date: _____ By _____ Reason _____