



**1. PLEASE COMPLETE YOUR PERSONAL INFORMATION**

COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WEB SITE: \_\_\_\_\_  
(INCLUDE AREA/COUNTRY CODE) (INCLUDE AREA/COUNTRY CODE)  
 CONTACT NAME (GIVEN/FIRST NAME AND SUR/LAST NAME): \_\_\_\_\_  MR.  MRS.  MS.  
 PROFESSIONAL TITLE/POSITION: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**2. PLEASE SELECT ONE MEMBER CATEGORY**

**A. AMUSEMENT FACILITY/ATTRACTION**

**Indicate TYPE of facility.** If your facility includes more than one operation, please choose up to 3, ranking them from 1 to 3 in order of importance (1 being the most important. 3 being the least important).

Small Amusement Park (attendance under 1 million)  
 Large Amusement Park (attendance over 1 million)  
 Water Park,  Theme Park,  Family Entertainment Center,  
 Aquarium,  Hotel/Resort,  Museum /Science Center,  
 Zoo,  Concessionaire,  Attraction: Specify type ( Tourist,  
 Historic,  Zip Line,  Natural,  Adventure Park)

In what year did you open for operation? \_\_\_\_\_  
 How many facilities do you operate? \_\_\_\_\_

**IMPORTANT:** Participation in the Amusement Ride Safety Report is required for all U.S. amusement facility/attraction members who operate amusement rides. For more information, please see reverse side.

Please initial here to indicate you understand this requirement: \_\_\_\_\_

Do you operate amusement rides?  Yes  No  
 Do you operate year-round?  Yes  No

Individual in charge of:

**Safety** (Name): \_\_\_\_\_ Tel.: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Security** (Name): \_\_\_\_\_ Tel.: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Operations** (Name): \_\_\_\_\_ Tel.: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**ANNUAL MEMBERSHIP DUES FOR FACILITIES** are determined by the type of facility.

**Individual Facilities:**  
 Facility UNDER One Million in Attendance ..... **\$730**  
 Facility OVER One Million in Attendance ..... **\$2,590**

**B. MANUFACTURER/SUPPLIER/CONSULTANT**

**Manufacturer/Supplier/Consultant Annual Membership Dues: \$625**

Select type of business. If more than one, rank them in order of importance:  
 Manufacturer,  Supplier,  Consultant,  Agent

In what year did your firm open for business? \_\_\_\_\_  
 What product or service do you provide to the industry?  
 \_\_\_\_\_

**C. INDIVIDUAL**

**Individual Annual Membership Dues: \$570**  
 Please indicate affiliation (check only one):

Former facility employee. What facility did you work for?  
 \_\_\_\_\_

Employee of an affiliated industry. Who do you work for?  
 \_\_\_\_\_

Developing a facility. In what year do you plan to open your operation?  
 \_\_\_\_\_

*Note: Individual IAAPA membership is NOT transferable to any other individual, and only the individual in whose name the membership is registered has access to IAAPA benefits.*

**D. STUDENT**

**Student Annual Membership Dues: \$50**  
 Students: Part- or full-time student at a higher education institution.

*Please submit with application a transcript or letter from your school confirming current enrollment. Student members can read the digital edition of Funworld online.*

**3. PLEASE SELECT A PAYMENT METHOD**

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ in USD

**Check in USD** (payable to IAAPA)

**Wire Transfer in U.S.** (Please add \$25 USD transaction fee for all wire transfers.)  
 Wire in U.S.: Bank of America, 1501 Pennsylvania Ave., NW,  
 Washington, D.C., 20005, USA  
**ACCT:** 0020-866-30597 **ABA:** 026009593 **SWIFT/BIC:** BOFAUS3N

**Credit Card**  
 Type of Credit Card:  Amex  MasterCard  Visa  Discover  
 NAME ON CARD: \_\_\_\_\_  
 ACCOUNT NUMBER: \_\_\_\_\_  
 CVC (3-4 DIGITS ON CARD): \_\_\_\_\_ EXP. DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_

**4. IMPORTANT: PLEASE READ AND SIGN**

I have read and accept the IAAPA Member Code of Conduct and Data Processing Terms on the back of this form as well as IAAPA's Privacy Policy. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that IAAPA reserves the right to verify any or all the information on this application:

**SIGN HERE:** \_\_\_\_\_



### IAAPA Mission Statement

“Our mission is to serve the membership by promoting safe operations, global development, professional growth, and commercial success of the amusement parks and attractions industry.”

#### IAAPA MEMBERSHIP TERMS

- **Dues:** IAAPA membership is for a calendar year, January–December. Dues are not prorated.
- **Renewal:** Invoices for membership dues renewal are sent to all members in late Fall for the next calendar year. Dues invoices are payable Jan. 1. A membership certificate will be sent after full payment is received.
- **Suspension:** If dues are not paid within 90 days, membership will be considered past due and services will be suspended. Membership privileges will be reinstated at any time during the remaining months of the year after the full payment is received. Past due invoices for other services rendered will also be cause for suspension, even if membership dues have been paid in full. This includes past due advertising and exhibitor fees. Membership will be reinstated after full payment of outstanding invoice(s).
- **Termination:** Members who have not paid their membership dues are terminated on Dec. 31. When a member is terminated, membership continuity and seniority are surrendered. Membership privileges are not reinstated, but terminated members can apply for a new membership.
- **Amusement Ride Safety Report:** As part of IAAPA membership, it is required by all U.S. amusement facility/attractions members who operate amusement rides to submit an annual Ride Safety Report through the National Safety Council (NSC). Failure to submit this required report will result in suspension/termination of your IAAPA membership.
- \$110 USD of membership dues are applied to a subscription for Funworld magazine and cannot be deducted from the membership fee. Does not apply to student membership. Does not apply to student membership.
- IAAPA membership dues are considered a business expense and may be tax deductible for members residing the United States. IAAPA does engage in lobbying efforts and therefore, under federal law 32% of a membership dues payment is nondeductible; 68% is deductible as a business expense.

#### IAAPA MEMBER CODE OF CONDUCT

IAAPA requires its members to observe a **Code of Conduct** outlining responsibilities:

1. To maintain safety as the highest priority in their businesses and to comply with all applicable standards, laws, and regulations.
2. To provide clean, wholesome, and safe entertainment for their guests, maintaining the highest standards in quality and service.
3. To conduct their businesses on the highest plane of integrity, honesty, and social responsibility.
4. To foster and maintain a spirit of cooperation and fair dealing for buyers and sellers, maintaining the principles of confidentiality, intellectual property protection, and agreed contractual terms.
5. To establish and maintain cordial and respectful relations with their fellow members worldwide.

We believe that these principles must be carried out by each member individually in order to foster and promote our industry and to protect its excellent reputation of delivering safe family fun.

#### IAAPA DATA PROCESSING TERMS

We process your individual information for membership administration, to deliver membership benefits to you, and to inform you of IAAPA-related events, content, and other opportunities. To help our members connect, we offer access to a directory of our full membership. Refer to [www.IAAPA.org/privacy-policy](http://www.IAAPA.org/privacy-policy) for more information.

**SUBMIT FORM**