



**INTERNATIONAL GUILD OF MINIATURE ARTISANS**

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

**IGMA Membership Form 2008—2009**

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 \_\_\_\_\_

<b>Dues for General and Family Members</b>	<b>1 year</b>	<b>2 years</b>	<b>3 years</b>
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 1<sup>st</sup>–July 31<sup>st</sup>

- Dues for new members joining after June 1st are for the full annual amount and will be credited for membership through July 31<sup>st</sup> of the following year.
- Last half of fiscal year: dues will be reduced 2/01/09–05/31/09 to \$25 for USA memberships and \$30 International memberships; family memberships are reduced to \$10 for this period. This discount will cover membership through 07/31/09.

\$ \_\_\_\_\_ 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:**

**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:** \_\_\_\_\_