



International Festivals & Events Association

# 2024 Membership Application

Please send application and payment to:  
Membership Department • IFEA World Headquarters  
10400 Overland Rd. #356 • Boise, ID 83709 • USA  
Phone: 208-433-0950 ext. 0 • Fax: 208-433-9812

MEMBER #	UNIQUE #

## 1. MAIN MEMBER CONTACT INFORMATION

Organizational Membership - Name of Event/ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State/Province, Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

## 2. INDIVIDUAL CONTACT INFORMATION

All IFEA memberships (unless otherwise noted) are group memberships and may include up to 10 individuals (Staff, Board Chairs, Committee Chairs, etc.) within your organization. Please list additional members within your organization here. Associations, all listed individuals on your IFEA Membership must be paid staff of your association.

1. **Main Member Contact:**  Mr.  Ms. \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Year Started in Events Industry: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. **Additional Member Contact:**  Mr.  Ms. \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Year Started in Events Industry: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. **Additional Member Contact:**  Mr.  Ms. \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Year Started in Events Industry: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. **Additional Member Contact:**  Mr.  Ms. \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Year Started in Events Industry: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

5. **Additional Member Contact:**  Mr.  Ms. \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Year Started in Events Industry: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

6. **Additional Member Contact:**  Mr.  Ms. \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Year Started in Events Industry: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

7. **Additional Member Contact:**  Mr.  Ms. \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Year Started in Events Industry: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

8. **Additional Member Contact:**  Mr.  Ms. \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Year Started in Events Industry: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

With respect to interactions with members/customers or those applying to be members/customers, the IFEA will not cause or allow conditions, procedures, or decisions which are unsafe, undignified, unnecessarily intrusive, or which fail to provide appropriate confidentiality or privacy. If you believe that you have not been accorded a reasonable interpretation of your rights under this policy, please contact the IFEA office at 208-433-0950. When you become a member of the IFEA, you agree to follow the **Code of Ethics and Standards** listed on [www.ifea.com](http://www.ifea.com).



# 2024 Membership Application

The information listed below helps the IFEA categorize your organization in our database and Membership Directory. Please complete all areas that pertain to your organization.

## ORGANIZATION NAME

## MEMBER #

## UNIQUE #

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### 3. DATABASE / DIRECTORY LISTING

Please provide a description of your organization, company or event (25 words maximum) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 4. BUDGET CATEGORIES

Please indicate the budget information for your organization, based on your total gross revenue of your events or working with events.

- \$30,000 or Less    
  \$100,001 to \$200,000    
  \$400,001 to \$500,000    
  \$700,001 to \$800,000    
  \$1,000,001 to \$2,500,000  
 \$30,001 to \$60,000    
  \$200,001 to \$300,000    
  \$500,001 to \$600,000    
  \$800,001 to \$900,000    
  \$2,500,001 to \$5,000,000  
 \$60,001 to \$100,000    
  \$300,001 to \$400,000    
  \$600,001 to \$700,000    
  \$900,001 to \$1,000,000    
  \$5,000,001 and over

### 5. PROFIT CLASSIFICATION

- FOR PROFIT    
  501(C) (3)    
  501(C) (6)    
  501(C) (4)    
  OTHER \_\_\_\_\_

### 6. ORGANIZATION TYPE

Please check one category that best describes your membership.

- Association    
  Downtown Association    
  Event Management    
  Foundation    
  Parks & Recreation  
 Chamber of Commerce    
  Educational Institution    
  Event Planner    
  Government Entity    
  Student  
 Consultant    
  Event    
  Fair    
  Individual    
  Tourism  
 Convention & Visitors Bureau    
  Event Facility    
  Festival    
  Media

### 7. EVENT INFORMATION

Please list the event name, location, attendance and the start/end dates of each event you produce. (Use a separate sheet if necessary.) (Vendors, please skip to Question 9).

**Event Name:** \_\_\_\_\_ **City / State:** \_\_\_\_\_ **Est. Attendance:** \_\_\_\_\_  
 Days or Dates: \_\_\_\_\_  
**Event Name:** \_\_\_\_\_ **City / State:** \_\_\_\_\_ **Est. Attendance:** \_\_\_\_\_  
 Days or Dates: \_\_\_\_\_  
**Event Name:** \_\_\_\_\_ **City / State:** \_\_\_\_\_ **Est. Attendance:** \_\_\_\_\_  
 Days or Dates: \_\_\_\_\_  
**Event Name:** \_\_\_\_\_ **City / State:** \_\_\_\_\_ **Est. Attendance:** \_\_\_\_\_  
 Days or Dates: \_\_\_\_\_

### 8. FESTIVAL / EVENT ATTRIBUTES

Based on the events your organization produces listed above, please check all elements included within all your events. (Vendors, please skip to Question 9).

- Agricultural / Horticulture    
  Creative Technologies    
  Holiday Tie-In    
  Patriotic    
  Sports  
 AirShow    
  Dance    
  Hot Air Balloons    
  Program Book    
  Televised Elements  
 Animal Related    
  Educational    
  Jazz    
  Receive Government-Funding    
  Theater  
 Antiques    
  Expo    
  Media Co-Sponsors:    
  Renaissance / Historical    
  Ticketed Admission  
 Arts    
  Film    
      Radio    
  Rodeo    
  Ticketed Seating  
 Awards / Medals    
  Fireworks    
      TV    
  Social Media    
  Use Own Venue  
 Cause Related    
  Folk / Ethnic / Cultural    
      Print    
  Specialty Entertainment    
  Use Public Venue  
 Children's Activities    
  Food & Beverage    
  Music    
  Spiritual / Religious    
  Weird & Wacky  
 Crafts    
  Free    
  Parade    
  Sponsored    
  Other \_\_\_\_\_

### 9. VENDOR COMPANY TYPE

If you are a Vendor in the Festivals & Events Industry, please, select which category below best fits your organization. Please only select one. (Non-Vendors, please skip to Question 10.)

- Artist Management    
  Communications    
  Fireworks / Special Effects    
  Merchandising    
  Restrooms  
 Attractions    
  Concessions / Catering    
  Floats / Props    
  Music Licensing    
  Safety / Security  
 Audience Analysis    
  Consultants    
  Fundraising    
  Parking Services    
  Signage / Decals  
 Audio / Visual Equipment    
  Costumes / Mascots    
  Group Travel Planning    
  Payroll Services    
  Sponsorship  
 Background / Drug Screening    
  Decór / Displays / Backdrops    
  Inflatables    
  Permit Processing    
  Staging / Tents  
 Badges / Credentials    
  Entertainment    
  Insurance / Risk Management    
  Photography    
  Team Building  
 Banners / Flags    
  Event Equipment    
  Legal Services    
  Power    
  Ticketing  
 Barricades / Fence    
  Event Evaluation    
  Lifestyle    
  Print Services    
  Volunteer Management  
 Cash Management    
  Event Software / Apps    
  Marketing    
  Production Company    
  Weather Monitoring  
 Cleaning / Recycling    
  Exhibitor / Vendor Management    
  Media    
  Promotional Products    
  Website Design



# 2024 Membership Application

**ORGANIZATION NAME**

**MEMBER #**

**UNIQUE #**

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## 10. MEMBERSHIP DUES INFORMATION\*

All IFEA memberships (unless otherwise noted) may represent just yourself or may include as many individuals within your organization (Staff, Board Chairs, Committee Chairs, etc.) as you'd like. Indicate additional members within your organization on the 2nd page of this application. Please refer to the budget categories below for Organizational Memberships. Dues are based on the total **gross** revenue (income before expenses are paid).

### MEMBERSHIP CATEGORIES

### \*DUES LEVEL

\$50,000 or less/Individual

\$355 (USD)

\$50,001 to \$250,000

\$840 (USD)

\$250,001 to \$1.5 Million

\$1365 (USD)

Over \$1.5 Million

\$1730 (USD)

**\*Full Time Student Rate**

\$25 (USD)

\*An IFEA Student Memberships only include one main contact and are not considered group memberships. A copy of your current school year registration receipt is required to obtain a Student Membership. This rate is not applicable to educational staff / institutions and can not be associated with an organization.

## 11. IFEA FOUNDATION DONATION:

The IFEA Foundation, a 501(c)3 organization, works hand-in-hand with the IFEA as its primary partner in raising funds for scholarships, educational programs and more. Donations to the IFEA Foundation may be tax deductible and a donation receipt letter will be sent for your records.

**Donation Amount (USD):**     \$25     \$50     \$100     \$250     \$500     Other \_\_\_\_\_

## 12. PAYMENT INFORMATION

**FIRST YEAR ADMINISTRATION FEE** (waived for Full Time Student Rate)

\$ 50 (USD)

**IFEA MEMBERSHIP DUES:**

\$ \_\_\_\_\_

**IFEA FOUNDATION DONATION** (if applicable)

\$ \_\_\_\_\_

**Promo Code:** \_\_\_\_\_

**TOTAL PAYMENT \$** \_\_\_\_\_

**Select method of payment:**     VISA     MasterCard     American Express     Discover     Check (make check payable to IFEA in U.S. funds)

Print Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVN Code: \_\_\_\_\_ (MC/Visa-3 digit code back) (AMX-4 digit code front)

**A processing fee will apply to all card transactions.**

Payment is required in full before your application can be processed. Dues are non-refundable. Please allow 2-3 weeks for your membership application to be processed.

With respect to interactions with members/customers or those applying to be members/customers, the IFEA will not cause or allow conditions, procedures, or decisions which are unsafe, undignified, unnecessarily intrusive, or which fail to provide appropriate confidentiality or privacy. If you believe that you have not been accorded a reasonable interpretation of your rights under this policy, please contact the IFEA office at 208-433-0950. When you become a member of the IFEA, you agree to follow the **Code of Ethics and Standards** listed on [www.ifea.com](http://www.ifea.com).

## 13. REFERENCES

How did you hear about the IFEA? (Word of Mouth / Social Media / Past Member, etc.): \_\_\_\_\_

Who recruited you to the IFEA? (Name): \_\_\_\_\_ (Org): \_\_\_\_\_