



ICMA

Making classified media work better!
International Classified Media Association

ICMA ASSOCIATE MEMBERSHIP APPLICATION FORM

Please either TYPE or print using BLOCK LETTERS when completing this form.

Application forms will only be deemed valid once all questions are completed.

☐ We herewith apply for associate membership of ICMA at EUR 2250 per 12 month period. We declare that all information stated below is true. We enclose proof of payment for prepaid associate membership costs (all bank charges to be paid by us). We understand that approval of associate membership is subject to committee approval.

NAME OF COMPANY: _____

ADDRESS: _____

MANAGEMENT PHONE: _____

MANAGEMENT FAX: _____

EMAIL: _____

WEBSITE URLS: _____

Managing Director/CEO : _____

Goods/services supplied : _____

Current classified clients : _____

EU Value Added Tax number: _____

of employees : Full-time: _____ Part-time: _____

Annual turnover: _____ € equivalent: _____

Who do we contact with regard to this application? _____

ICMA
Vijzelgracht 53 C
1017 HP Amsterdam
THE NETHERLANDS

Before you seal the envelope, here's a checklist of what you must include:

- Completed application form
- Proof of payment

If you have any questions or concerns about your application, please contact ICMA by email: s.klompbueters@icmaonline.org, phone: +31 (0)615067378
skype: icmashay

Bank details:
ABN/AMRO Bank
Amsterdam
The Netherlands
Account number: 49.00.80.227
Account Name: ICMA
Bic/Swift Code: ABNANL2A
IBAN no: NL07ABNA0490080227
BTW no: NL0086.43.787.B.01

Telephone:

Email:

Please return this completed application to:

ICMA
Vijzelgracht 53 E
1017 HP Amsterdam
THE NETHERLANDS

Before you seal the envelope, here's a checklist of
what you must include:

- Completed application form
- Proof of payment

If you have any questions or concerns about your application,
please contact ICMA by email: s.klompbueters@icmaonline.org,
phone: +31 (0)615067378 skype: icmashay