



I C M A

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 and 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 : _____

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

Annual turnover: _____ € equivalent: _____

Who do we contact with regard to this application?

Name: _____

Telephone: _____

Email: _____

Please return this completed application to:

ICMA
Koggestraat 9H
1012 TA 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: k.vanlenthe@icmaonline.org, phone: +31 (0)20 6382336 or by fax: +31 (0)20 6382371.

Bank details: ABN/AMRO Bank

Vijzelstraat 68&78
Postbus 407
1000 AK
Amsterdam
The Netherlands
Account number: 49.00.80.227
Account Name: ICMA
SWIFT Code: ABNANL2A