



## ICMA PERSONAL MEMBERSHIP APPLICATION FORM 2012

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

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**SECTION ONE: Application forms will only be deemed valid once all questions are completed.**

We herewith apply for (tick applicable box):

**First year Personal Membership** - open to individuals who have an interest in the classifieds sector, who are NOT currently employed by a company, but working independently. 12 month fee for the first year of membership - € 495 .

of ICMA and declare that all information stated below is true. We agree to all ICMA Statutes and Regulations, if we become a member. We understand that we may be obliged to present our application to a conference in person.

**NAME OF CONSULTANT COMPANY:** .....

**ADDRESS:** .....

.....

.....

**MAIN PHONE:** .....

.....

**WEBSITE URL(S):** .....

.....

**MAIN FAX:** .....

**EMAIL ADDRESS** .....



## **SECTION TWO: ICMA Rules & Regulations**

### ***WE UNDERTAKE TO:***

1. Ensure that this personal membership is in line with ICMA Membership criteria.
2. Accept any sanctions enforced by the ICMA Board of Directors, according to the following stages:
  - I. written formal warning
  - II. pecuniary fine determined by the ICMA Board of Directors
  - III. suspension
  - IV. expulsion
3. Pay all invoices from ICMA in due time, assuming that they are in accordance with decisions made by the conference.
4. Accept all other rules and regulations which form the Articles and Bylaws of ICMA, or which are agreed upon at any conference, and any modifications to them, as long as they are made in accordance with the ICMA Articles and Bylaws, and which may be communicated to us through the Newsletter, website or by any other means.

**Name of Personal Membership** : \_\_\_\_\_

**EU Value Added Tax number** : \_\_\_\_\_

**Name of Signatory** : \_\_\_\_\_

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

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

## **SECTION THREE: Where to send your application:**

Return your completed application to:  
ICMA Head Office  
Vijzelgracht 53C  
1017 HP Amsterdam  
THE NETHERLANDS

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

- Completed application form (Section One)
- Signed declaration of acceptance of ICMA rules and regulations (Section Two)
- Website address, if applicable

If you have any questions or concerns about your application, please contact Shay Klomp Bueters at ICMA by email: [shay@icmaonline.org](mailto:shay@icmaonline.org), phone: +31 61 506 7378.

### **ICMA BANK DETAILS**

Bank name and address::	ABN/AMRO Bank
Account number:	49.00.80.227
Account Name:	ICMA
SWIFT Code:	ABNANL2A
IBAN:	NL07ABNA0490080227