

# INVOICE

## Annual Membership

Please make a copy of this document for your records.

Date \_\_\_\_\_

### Membership Type

Individual  Corporate

### Company Info

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

If paying by check, make checks payable to:

**Idaho Falls Advertising Federation.** Please send payment to the address below. Please note members' names on check.

To join online and pay with credit card, go to:

[idahofallsadfed.com/membership/how-to-join-2/](http://idahofallsadfed.com/membership/how-to-join-2/)

Idaho Falls Advertising Federation

P.O. Box 3515

Idaho Falls, ID 83403

208.524.1777

ifadfed.wordpress.com

Non-Profit ID: C82124



### Member Info

**Name** \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Individual membership: **\$65**

Each additional membership: **\$50**

Corporate Membership (8 or more employees): **\$300**

**Total amount:** \_\_\_\_\_