

# INVOICE

## Annual Membership

Please make a copy of this document for your records.

Date \_\_\_\_\_

### Membership Type

Individual  Corporate

### Company Info

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

If paying by check, make checks payable to:  
**Idaho Falls Advertising Federation.** Please send payment to the address above. Please note members' names on check.

To join online and pay with credit card, go to:  
[ifadfed.wordpress.com/membership](http://ifadfed.wordpress.com/membership)

Idaho Falls Advertising Federation  
P.O. Box 3515  
Idaho Falls, ID 83403  
208.524.1777  
[ifadfed.wordpress.com](http://ifadfed.wordpress.com)  
Non-Profit ID: C82124



### Member Info

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Individual membership: **\$65**

Each additional membership: **\$50**

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

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