



## 1. PLEASE COMPLETE YOUR PERSONAL INFORMATION

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WEB SITE: \_\_\_\_\_  
(INCLUDE AREA/COUNTRY CODE) (INCLUDE AREA/COUNTRY CODE)

CONTACT NAME (GIVEN/FIRST NAME AND SUR/LAST NAME): \_\_\_\_\_ ☐ MR. ☐ MRS. ☐ MS.

PROFESSIONAL TITLE/POSITION: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDITIONAL CONTACT NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## 2. PLEASE SELECT ONE MEMBER CATEGORY

### A. ■ AMUSEMENT FACILITY/ATTRACTION

**Indicate TYPE of facility.** If your facility includes more than one operation, please choose up to 3, ranking them from 1 to 3 in order of importance (1 being the most important. 3 being the least important).

- ☐ Small Amusement Park (attendance under 1 million)
- ☐ Large Amusement Park (attendance over 1 million)
- ☐ Water Park, ☐ Theme Park, ☐ Family Entertainment Center,
- ☐ Aquarium, ☐ Hotel/Resort, ☐ Museum/Science Center,
- ☐ Zoo, ☐ Concessionaire, ☐ Attraction, specify type:  
( ☐ Tourist, ☐ Historic, ☐ Zip Line, ☐ Natural, ☐ Adventure Park)

In what year did you open for operation? \_\_\_\_\_

How many facilities do you operate? \_\_\_\_\_

**IMPORTANT: Participation in the Amusement Ride Safety Report is required for all U.S. amusement facility/attraction members who operate amusement rides. For more information, please see reverse side.**

Please initial here to indicate you understand this requirement: \_\_\_\_\_

Do you operate amusement rides? ☐ Yes ☐ No

Do you operate year-round? ☐ Yes ☐ No

Individual in charge of:

**Safety** (Name): \_\_\_\_\_ Tel.: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Security** (Name): \_\_\_\_\_ Tel.: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Operations** (Name): \_\_\_\_\_ Tel.: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

**ANNUAL MEMBERSHIP DUES FOR FACILITIES** (determined by the type of facility).

#### Individual Facilities:

Facility UNDER One Million in Attendance ..... **\$795**

Facility OVER One Million in Attendance ..... **\$2,825**

### B. ■ MANUFACTURER/SUPPLIER/CONSULTANT

**Manufacturer/Supplier/Consultant Annual Membership Dues: \$685**

Select type of business. If more than one, rank them in order of importance:

- ☐ Manufacturer ☐ Supplier ☐ Consultant ☐ Agent

In what year did your firm open for business? \_\_\_\_\_

What product or service do you provide to the industry? \_\_\_\_\_

### C. ■ INDIVIDUAL

**INDIVIDUAL MEMBERSHIP DUES** (based on the individuals professional level).

Please indicate your professional level (check only one):

- ☐ Attraction Professional ..... **\$195**
- ☐ Retired Professional ..... **\$95**
- ☐ Young Professional ..... **\$95**
- ☐ Educator ..... **\$95**
- ☐ Students ..... **\$50**

Part- or full-time student at a higher education institute. Please submit with your application a transcript or letter from your school confirming current enrollment. Student members have digital only access to *Funworld*.

*Note: Individual IAAPA membership is NOT transferable to any other individual, and only the individual in whose name the membership is registered has access to IAAPA benefits.*

## 3. PLEASE SELECT A PAYMENT METHOD

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ in USD

☐ **Check in USD** (payable to IAAPA)

☐ **Wire Transfer in U.S. (Please add \$25 USD transaction fee for all wire transfers.)**

Wire in U.S.: Bank of America, 1501 Pennsylvania Ave., NW,  
Washington, D.C., 20005, USA

**ACCT:** 0020-866-30597

**ABA:** 026009593

**SWIFT/BIC:** BOFAUS3N

☐ **Credit Card:** ☐ Amex ☐ MasterCard ☐ Visa ☐ Discover

NAME ON CARD: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CVC (3-4 DIGITS ON CARD): \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## 4. IMPORTANT: PLEASE READ AND SIGN

I have read and accept the IAAPA Member Code of Conduct and Data Processing Terms on the back of this form as well as IAAPA's Privacy Policy. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that IAAPA reserves the right to verify any or all the information on this application:

**SIGN HERE:** \_\_\_\_\_

## IAAPA MISSION STATEMENT

We inspire, grow, and protect the global attractions industry through member connections.

## IAAPA MEMBERSHIP TERMS

- **Dues Cycle:** IAAPA membership begins on the day it is purchased and is valid for 365 days.
- **Renewal:** Dues invoices are payable on the date your membership expires.
- **Suspension:** Members whose dues are not paid 30 days after their due date will be considered past due and all services will be suspended. Membership privileges will be reinstated after full payment is received. Past due invoices for other services rendered will also be causes for suspension, even if membership dues have been paid in full. This includes past due advertising and exhibitor fees. Membership will be reinstated after full payment of outdated invoices.
- **Termination:** Members who have not paid their membership dues are terminated after one year (365 days) of suspension. When a member is terminated, membership continuity and seniority are surrendered. Terminated members can apply for a new membership.
- **Cancellations and Refunds:** No full or partial refunds will be given for unused membership services. Cancellations may only be requested within 72 hours of applying for membership.
- **Deductibility:** IAAPA membership dues are considered a business expense and may be tax deductible for members residing in the United States. Since IAAPA engages in lobbying, under federal law 32% of your dues is nondeductible; 68% of your dues payment is deductible as a business expense.
- **Ride Incident Reporting Program:** Participation in the Ride Incident Reporting Program is required for all U.S. members who operate amusement rides. For more information, please contact [IAAPA@IAAPA.org](mailto:IAAPA@IAAPA.org).

## IAAPA MEMBER CODE OF CONDUCT

What unites IAAPA members is that we believe in certain tenets common within our community. All members are to abide by the following [Code of Conduct](#).

### Safety

- To commit to guest and employee safety, health, and security in all facets of their organization
- To make information available to IAAPA's safety data and statistics
- To support the Association in continuously improving industry safety and security around the globe

### Quality

- To provide quality products, services, and experiences which reflect high standards in appearance and performance to support the integrity and positive image of our industry

### Communication

- To represent and promote the industry consistent with IAAPA's purpose, mission, vision, and core values
- To commit to providing fact-based communications and truthful advertising and promotion

### Social and Environmental Responsibility

- To comply with all applicable standards, laws, and regulations
- To adopt best practices, guidelines, and standards developed or promoted by IAAPA, in accordance with local codes and regulations
- To interact with all stakeholders with honesty
- To cultivate diversity within IAAPA and the industry and treat all stakeholders with inclusiveness, respect, fairness, and dignity
- To conduct business with social and environmental responsibility as guiding principles
- To maintain the principles of confidentiality, intellectual property protection, and adherence to contractual terms
- To be recognized as responsible leaders in animal care and welfare by either being accredited or exceeding standards outlined by law or recognized by an association of zoos and aquariums
- To maintain and professionally develop qualified personnel as the industry's most valuable resource

### IAAPA Membership

- To avoid conflicts of interest and activities for personal advantage to the detriment of IAAPA, its members and the industry as a whole
- To bring to the attention of IAAPA's governing bodies, potential association-related actions which are potentially unethical and/or illegal
- To comply with [IAAPA's current, specific policies](#)

Anyone who believes that an IAAPA member has violated the [Code of Conduct](#) should submit a [written complaint](#) to IAAPA for review. This review process does not include or resolve individual commercial or contractual disagreements; however, it may be used to address ethical concerns or those related to a pattern of behavior.

## IAAPA DATA PROCESSING TERMS

We process your individual information for membership administration, to deliver membership benefits to you, and to inform you of IAAPA-related events, content, and other opportunities. To help our members connect, we offer access to a directory of our full membership. Refer to [www.IAAPA.org/privacy-policy](http://www.IAAPA.org/privacy-policy) for more information.

## CONTACT

For clarification about any membership terms or other membership-related inquiries, please contact the IAAPA North America team: e-mail [NorthAmerica@IAAPA.org](mailto:NorthAmerica@IAAPA.org); telephone +1 321 319-7688 or fax +1 321 319-7690.