

**WE INSPIRE, GROW, AND PROTECT THE GLOBAL
ATTRACTIONS INDUSTRY THROUGH MEMBER CONNECTIONS.**

AMUSEMENT FACILITIES

Any company engaged in the operation and management of attraction facilities at permanent locations.

1 PLEASE PROVIDE THE FOLLOWING COMPANY INFORMATION

COMPANY NAME: _____ **COMPANY PHONE:** _____

Including Country Code

ADDRESS: _____

CITY: _____ **STATE/PROVINCE:** _____ **POSTAL CODE:** _____ **COUNTRY:** _____

COMPANY WEBSITE: _____ **VAT NUMBER:** _____

PRIMARY CONTACT

NAME: _____ Title: _____

E-mail: _____ Direct Phone: _____ Cell: _____

Including Country Code

ASSISTANT (if applicable)

NAME: _____ Title: _____

E-mail: _____ Direct Phone: _____ Cell: _____

Including Country Code

A. SELECT YOUR PRIMARY FACILITY TYPE

Amusement/Theme Park
Water Park
Entertainment Center:
(Family, Location-Based, Indoor, Etc.)
Museum/Science Center
Zoo/Aquarium
Historical/Cultural Center
Natural/Adventure/ECO Tourism
Attraction
Cruise Line
Resort/Accommodation
Sports/Performance Entertainment
Venue
Real Estate/ New Attraction Developer
Other, please describe:

B. INDICATE YOUR COMPANY SIZE BY THE NUMBER OF FULL-TIME EQUIVALENT (FTE) EMPLOYEES AND ANNUAL ATTENDANCE

FTEs	ANNUAL ATTENDANCE	ANNUAL DUES
1 - 4	0 - 250,000	€ 330
5 - 19	250,001 - 500,000	€ 620
20 - 99	500,001 - 1,000,000	€ 740
100 - 999	1,000,001 - 10,000,000	€ 2,625
1000 +	10,000,001 +	€ 25,610

Enter the total amount corresponding to the largest range selected above to calculate your dues price.

C. PLEASE TELL US ABOUT THE AMUSEMENTS OFFERED AT YOUR FACILITY

How many facilities do you operate? _____

Do you operate amusement rides? Yes No

Do you operate water rides? Yes No



D. TEAM MEMBER IN CHARGE OF:

SAFETY	NAME: _____ Title: _____ E-mail: _____ Direct Phone: _____ Cell: _____ <i>Including Country Code</i>
SECURITY	NAME: _____ Title: _____ E-mail: _____ Direct Phone: _____ Cell: _____ <i>Including Country Code</i>
OPERATIONS	NAME: _____ Title: _____ E-mail: _____ Direct Phone: _____ Cell: _____ <i>Including Country Code</i>

2 PLEASE SELECT A PAYMENT METHOD

AMOUNT DUE: € _____ in EUR

Enter your dues price from Section 1-B

Wire Transfer in EUR

Transfer in EUR: Bank of America Europe Designated Activity Company, Brussels Branch.

ACCT: 58779021

IBAN: BE74 6858 7790 2107

SWIFT: BOFABE3X

Pay Online

IAAPA will provide a secure payment link

Please send your application by mail, fax, or email to the IAAPA EMEA team. Once your account has been created, an online link to pay your membership dues via credit card will be provided.

CODE OF CONDUCT FOR IAAPA MEMBERS

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.

This Code of Conduct should be followed by all IAAPA members. 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.

MEMBERSHIP TERMS

DUES

IAAPA membership is a rolling membership that begins on the day it is purchased and is valid for 365 days.

RENEWAL

Invoices for membership dues renewal are sent 3 months in advance for the next year. Dues invoices are payable on the date your membership expires. A digital membership certificate will be sent via email after full payment is received.

SUSPENSION

If dues are not paid within 30 days, membership will be considered past due and services will be suspended. Membership privileges will be reinstated at any time during the remaining months of the year after the full payment is received. Past due invoices for other services rendered will also be cause 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 outstanding invoice(s).

TERMINATION

Members who have not paid their membership dues are terminated 365 days after their membership expiration date. When a member is terminated, membership continuity and seniority are surrendered. Membership privileges are not reinstated, but terminated members can apply for a new membership.

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 for more information.

3 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: _____

SEND APPLICATION AND PAYMENT TO

IAAPA, Botanic Tower, 4 Sint-Lazaruslaan, Sint-Joost-ten-Node, 1210 Brussels, Belgium
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