

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

INDIVIDUAL

**Any individual who is professionally engaged with
the attractions industry.**

1 PLEASE PROVIDE THE FOLLOWING PERSONAL INFORMATION

NAME: _____ DIRECT PHONE: _____
including Country Code

EMAIL: _____ CELL: _____
including Country Code

ADDRESS: _____

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

PLEASE INDICATE YOUR MEMBER TYPE

ATTRACTIONS PROFESSIONAL	An individual who is or has been engaged in the attractions industry. They may be currently engaged in the industry or between engagements, or they may be actively developing a new business. They may also be an individual who is employed in a closely allied industry which does not meet the qualification for facility membership, is eligible for membership in this category.	\$ 200
RETIRED PROFESSIONAL	An individual who was engaged in the attractions industry for at least five years but has since retired, is eligible for membership in this classification.	\$ 100
YOUNG PROFESSIONAL	An individual 35 years old or younger who is currently employed in the industry or who is seeking employment in the industry. If they are currently employed, they can be listed on their employer's roster and qualify for all applicable benefits at no additional membership cost. If they prefer to maintain a direct, personal relationship with IAAPA, they are eligible to join in this membership category. Individuals, even if they are younger than 35, are not eligible to join in this category if they have been employed (full-time) in the industry for more than five years.	\$ 100
EDUCATOR	An individual employed full or part-time as an educator, faculty member, or staff at a school, college, or university who develops, supports, and/or delivers student curriculum relevant to the attractions industry, is eligible for membership in this category.	\$ 100
STUDENT	Any individual who is a part-time or full-time student at a higher education institution is eligible for membership in this classification. Please submit with your application a transcript or letter from your school confirming current enrollment.	\$ 50

2 PLEASE SELECT A PAYMENT METHOD

AMOUNT DUE: \$ _____ in USD

Enter the price of dues corresponding to your Member Type indicated in Section 1

Check in USD (Payable to IAAPA)

Mail to:

IAAPA, 4155 West Taft Vineland Road, Orlando, FL 32837
USA

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

Pay Online

IAAPA will provide a secure payment link

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

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. Individual IAAPA Membership does not include access to the IAAPA Food Purchasing Program, IAAPA Elite Insurance Program, Facility Toolkits (for HR, Safety, Sustainability, etc.), or Crisis Communication Templates. Individual Members will not have the opportunity to exhibit at IAAPA Expos or opportunities to sponsor IAAPA Expos and other events.

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.

MEMBER CODE OF CONDUCT

IAAPA requires its members to observe a Code of Conduct outlining responsibilities:

1. To maintain safety as the highest priority in their businesses and to comply with all applicable standards, laws, and regulations.
2. To provide clean, wholesome, and safe entertainment for their guests, maintaining the highest standards in quality and service.
3. To conduct their businesses on the highest plane of integrity, honesty, and social responsibility.
4. To foster and maintain a spirit of cooperation and fair dealing for buyers and sellers, maintaining the principles of confidentiality, intellectual property protection, and agreed contractual terms.
5. To establish and maintain cordial and respectful relations with their fellow members worldwide.

We believe that these principles must be carried out by each member individually in order to foster and promote our industry and to protect its excellent reputation of delivering safe family fun.

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, 4155 West Taft Vineland Road, Orlando, FL 32837, USA
WhatsApp: +52 55 4368/7381 • Tel: +1 321/319-7600 • Email: LatinAmerica@IAAPA.org