



IGIC MEMBERSHIP APPLICATION

Print and mail completed form, or join immediately online at www.igic.org/membership

Contact Info

Name _____

Title _____

Company _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____ Referred by _____

Membership

Dues are prorated quarterly. Full price (shown in parentheses) billed per calendar year.

- Individual \$90
- Student \$25
- Institutional \$200
- Corporate \$400
- Affiliate \$650
- Enterprise \$1,000
- __ Additional Corporate or Institutional Members \$45 each
- __ Additional Affiliate Members (Directors and Officers) \$45 each

Sponsorship

- Institutional \$5,000 (includes memberships)
- Corporate \$5,000 (includes memberships)

Event and custom sponsorship packages also available. For details, visit www.igic.org/membership or contact the IGIC offices.

Subscription

- Library \$50
- School \$35
- Individual \$10

Payment

- Purchase Order
- Check (payable to Indiana Geographic Information Council, Inc.)

Purchase order no. _____ Please send my organization a W-9

Billing address _____

City/State/Zip _____

Mail Application and Payment to:

Indiana Geographic Information Council
Indiana State Library
140 N. Senate Ave
Indianapolis, IN 46204



IGIC MEMBERSHIP APPLICATION

*Improved quality of life through effective
geographic information*

Additional Contact Info

Name _____

Title _____

Company _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

Name _____

Title _____

Company _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

Name _____

Title _____

Company _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____