

2020 OIDA MEMBERSHIP APPLICATION

I. Company Information

COMPANY NAME		DEPARTMENT/DIVISION/SUBSIDIARY (IF APPLICABLE)	
STREET ADDRESS			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
TELEPHONE		WEB SITE	

II. Primary Contact

To receive all information regarding access of membership benefits

NAME	JOB TITLE
EMAIL	TELEPHONE

III. Billing Contact

Please complete only if different from primary contact.

NAME	JOB TITLE
EMAIL	TELEPHONE

IV. OIDA Member Dues

Please check the appropriate box below.

Annual Company Sales	Premium Benefits	Advanced Benefits	Basic Benefits
Tier 1: Less than US\$ 2 Million	<input type="checkbox"/> US\$ 800	<input type="checkbox"/> US\$ 650	<input type="checkbox"/> US\$ 550
Tier 2: US\$ 2 Million – US\$ 10 Million	<input type="checkbox"/> US\$ 1,200	<input type="checkbox"/> US\$ 950	<input type="checkbox"/> US\$ 800
Tier 3: US\$ 10 Million – US\$ 20 Million	<input type="checkbox"/> US\$ 2,300	<input type="checkbox"/> US\$ 1,900	<input type="checkbox"/> US\$ 1,600
Tier 4: US\$ 20 Million – US\$ 50 Million	<input type="checkbox"/> US\$ 4,200	<input type="checkbox"/> US\$ 3,500	<input type="checkbox"/> US\$ 2,900
Tier 5: US\$ 50 Million – US\$ 100 Million	<input type="checkbox"/> US\$ 7,800	<input type="checkbox"/> US\$ 6,500	<input type="checkbox"/> US\$ 5,500
Tier 6: US\$ 100 Million – US\$ 500 Million	<input type="checkbox"/> US\$ 11,400	<input type="checkbox"/> US\$ 9,500	<input type="checkbox"/> US\$ 8,000
Tier 7: US\$ 500 Million – US\$ 1 Billion	<input type="checkbox"/> US\$ 13,800	<input type="checkbox"/> US\$ 11,500	<input type="checkbox"/> US\$ 9,800
Tier 8: More than US\$ 1 Billion	<input type="checkbox"/> US\$ 19,800	<input type="checkbox"/> US\$ 16,500	<input type="checkbox"/> US\$ 14,000
*Special Tier: Affiliate Member	<input type="checkbox"/> US\$ 800	<input type="checkbox"/> US\$ 650	<input type="checkbox"/> US\$ 550
*Special Tier: University/Nonprofit/Government/Cluster	<input type="checkbox"/> US\$ 1,500		
*Special Tier: Additional Member Listing(s)	<input type="checkbox"/> US\$ 100 Quantity: _____		

*Selecting a special tier must be approved by OIDA Management prior to submitting membership application.

V. Benefit Category Assignment

Basic Benefits, choose 1. Advanced Benefits, choose 3. Premium Benefits, choose all 5.
Please check the appropriate box(es) below.

Market & Advocacy Intelligence Networking & Events Business Development Marketing & Public Relations Human Resources

VI. Payment Information

Make checks payable (in US Dollars, drawn on a US bank) to OSA, mail checks to OIDA Membership, 2010 Massachusetts Avenue, NW, Washington, DC 20036, USA.

If payment is to be made by wire transfer, direct funds to: Bank of America, 1501 Pennsylvania Ave. NW, Washington, DC 20013; ABA# 0260-0959-3; Beneficiary, OSA; Acct.#20-867-84-287; SWIFT, BOFAUS3N. Please incorporate any bank fees associated with your wire transfer, to include a US\$ 25 processing fee by Bank of America, as remitter is responsible for these fees.

Check Enclosed Wire Transfer You may also pay by credit card: VISA MasterCard Diners Club American Express

TOTAL DUES AMOUNT	CARD NUMBER	CVC	EXPIRATION DATE
-------------------	-------------	-----	-----------------

PRINTED NAME (AS IT APPEARS ON THE CREDIT CARD)

SIGNATURE	DATE
-----------	------

I am interested in automatic renewals for my organization. Please contact me.

Return completed application and payment to:
OSA Industry Development Associates (OIDA) Membership, 2010 Massachusetts Ave., NW, Washington, DC 20036, USA
Tel: +1.202.416.1474 Fax: +1.202.416.1408 Email: oida@osa.org