



Idaho
Association of
Commerce &
Industry

Employers Advocating Economic Opportunity in Idaho®



Business Membership Application

**Join
Today!**

Members Include:

- ◆ Associations
- ◆ Chambers of Commerce
- ◆ Contract Lobbyists
- ◆ Law Firms
- ◆ Other Small or Large Businesses

Sponsorships:

All sponsorships are in addition to the annual IACI membership dues. Members are welcome to make sponsorship contributions towards an IACI event at any time during the year.

Idaho Prosperity Project:

This voter education effort provides the tools to help you communicate with your employees and legislators about important issues in the business community that affect all Idahoans.

Questions?
Call Ruth Ann Hultman
208-343-1849

Company Name: _____

Primary Contact: _____

Title: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

CHECK YOUR PRIMARY ISSUES OF INTEREST

- | | | |
|--|--|--|
| <input type="checkbox"/> Education/Workforce | <input type="checkbox"/> Environment | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Tax Policy | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> NPDES Primacy | <input type="checkbox"/> General Business | <input type="checkbox"/> General Legislative |
| <input type="checkbox"/> Potato Research | <input type="checkbox"/> Potato Executive/Raw Products | |

MEMBER DUES

Affiliate Dues: For Associations, Law Firms, Contract Lobbyists

\$1,150

General Business Dues: For small and large businesses

(Formula: Your company-wide annual payroll x .0007935)

Minimum Dues **\$575**

Maximum Dues **\$11,500** (eligible for a seat on the IACI Board of Directors)

Other \$ _____

Note: 20% of all IACI dues are used specifically for lobbying activities. Therefore, 80% of your dues are tax-deductible. Dues are for calendar year.

Dues Total: \$ _____

Payment Information: Check **or** Credit Card: Visa M/C AmEx

Card # _____ Exp. Date: _____

CSC : _____ Zip Code: _____

Name on Card: _____

Signature: _____

(additional contacts can be added on reverse side)

IACI MEMBER CONTACT INFORMATION FORM

We encourage members to participate in the committee process whenever possible.
Please provide us with current contact information so our database will be correct for your organization.
There is no limit to the number of staff you add to this form.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell: _____

Email: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell: _____

Email: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell: _____

Email: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell: _____

Email: _____