



ICE SPORTS INDUSTRY

# ISI Builder/Supplier Membership Application

CHECK ONE      New Member

Renewal

Information Update

Visit us online at [www.skateisi.org](http://www.skateisi.org)

**Builder/Supplier Membership \$395 annually**

*Dues, contributions or gifts to ISI are not tax deductible as charitable contributions*

## LOCATION ADDRESS

Contact Person \_\_\_\_\_

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Web Address \_\_\_\_\_

## BILLING ADDRESS *(if different from above)*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

## SHIPPING ADDRESS *(if different from above)*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

## PLEASE GIVE A DESCRIPTION OF YOUR BUSINESS FOR THE DIRECTORY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1st Voting Representative \_\_\_\_\_

2nd Voting Representative \_\_\_\_\_

<b>PAYMENT TYPE</b> (All fields required)	Check	VISA	M/C	Amex	Discover	<b>NON-REFUNDABLE</b>
Credit Card Number _____						TOTAL \$ _____
Name on Card (please print) _____						
Credit Card Exp Date _____	Card Billing Zip Code _____		Card Security Code _____			
Cardholder Signature _____						
Phone (must be included) _____			Email _____			