



Idaho
Association of
Commerce &
Industry

Employers Advocating Economic Opportunity in Idaho®



2023 Membership Application

Join Today!

Members Include:

- ◆ Associations
- ◆ Businesses
- ◆ Chambers of Commerce
- ◆ Contract Lobbyists
- ◆ Individuals in business
- ◆ Law Firms

Sponsorships:

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

Idaho Prosperity Fund:

IPF is IACI's Political Action Committee (PAC). Any IACI member is eligible, but is not required, to participate in the PAC. IPF strives for the improvement of government at the state and local levels by encouraging & stimulating business & their employees to take a more active and effective part in government.

Questions?
Contact Rose Walker
208-343-1849
RWalker@iaci.org

Company Name: _____
 Primary Contact: _____
 Title: _____ Phone: _____
 Email: _____
 Address: _____
 City: _____ State: ____ Zip: _____

(additional contacts may be added on reverse side)

MEMBER DUES

Affiliate Dues*: For Associations & Law Firms

\$1,282

Contract Lobbyist Dues*: For Contract Lobbyists

(If you represent a client that is an IACI Board Member, you are eligible for a discounted membership rate reflected on your annual dues invoice; list name below)

\$6,411 \$1,282 represents IACI Board Member : _____

General Business Dues*: For small to large businesses

(Formula: Your company-wide annual payroll x 0.0008585799)

Minimum Dues \$643

Maximum Dues \$12,818 (eligible for a seat on the IACI Board of Directors)

Other \$ _____ (see formula above)

*Membership dues do not include sponsorship recognition. If you are interested in being recognized as an annual sponsor or a sponsor for a specific event, please contact rhultman@iaci.org or 208-343-1849 for a sponsorship application.

**NOTE: 20% of all IACI dues are used specifically for lobbying activities.
 80% of your dues are tax-deductible as a business expense.
 Dues are for one (1) calendar year, January through December.**

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

Card # _____ Exp. Date: _____

CSC : _____ Zip Code: _____

Billing Address: _____

Name on Card: _____

Signature: _____

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: _____