



international federation of new media llc
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Date:

You must be over 18 years of age to apply for an ifnm membership and press card.
 Please, complete the enclosed form. The star sign (*) indicates a required field.

The completed form should be type written.

First Name: *

Last Name: *

Street Address: *

Zip/Postal Code: *

City: *

Country: *

Date of Birthday: *

Phone number:

E mail: *

Please choose a product: * ifnm press card US \$
 ifnm press card and car sign US \$

The actual prices you will find on our website (www.ifnm.org/presscard.html).

The yearly ifnm membership fee will be calculated proportionately for the current year. If a membership commences in May, only the months from May to December will be charged.

PAYMENT INFORMATION (Application will not be accepted without payment)

You can pay by Credit Card or Check.

Credit Card: I hereby authorize International Federation of New Media LLC to charge my credit card in the amount of \$ _____

Visa Mastercard American Express CSC
 Credit Card Number: _____ Exp. Date _____
 Name on Card: _____
 Cardholder's Signature: _____ Today's Date: _____

Check: Please enclose an US Bank check for the membership fee, made payable to the **International Federation of New Media LLC**, and mail it along with this completed application to:

ifnm - International Federation of New Media LLC
 300 Creek View Road / Suite 209
 Newark DE 19711 / USA

YOUR ID PHOTO

Please write at the backside of ID photo your name.