



Perk Program Membership Application – **NEW PROGRAM**

Company/Contact Information for Vendor Listing

Company: _____ Date: _____

Contact Name: _____
Last First

Address: _____
Street Address

City State/Province Postal Code

Phone: _____ Email _____

Company – Product & Services Description

Give a brief description for your vendor listing:

IMDA Member Dealer Special Pricing Details

Give a brief description of any IMDA special pricing for your vendor listing:

IMDA PERK Membership Levels

Select your company's membership/partnership level below:

	<i>Platinum</i>	<i>\$25,000</i>
	<i>Gold</i>	<i>\$10,000</i>
	<i>Silver</i>	<i>\$ 5,000</i>
	<i>Bronze</i>	<i>\$ 2,500</i>

Please pay by credit card below or mail your payment to:

*4919 Lamar Ave.
Mission, KS 66202*

Credit Card Number CVV Number Expiration:

Name on Card

Signature: _____ **Date:** _____