



## ACTIVE MEMBERSHIP APPLICATION

Your company's annual membership helps further our efforts to promote safety education and training in the amusement industry. Your affiliation with AIMS as an Active Member is an outward demonstration of your commitment to safety in the industry. Please complete this form and return with your payment .

**Company name:** \_\_\_\_\_

**Member name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Payment Type: Annual Active Membership: \$360**

Check (payable to AIMS International)

Credit Card:  Visa  Master Card  American Express

**Name on credit card:** \_\_\_\_\_

**Card number:** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

To pay by phone call 714.425.5747 or fax to 714.276.9666

Email to [info@aimsintl.org](mailto:info@aimsintl.org) or mail check to:

**AIMS International, PO Box 5178, Jacksonville, FL 32247**

*Thank you for your support of AIMS International!*

Contact us: [info@aimsintl.org](mailto:info@aimsintl.org)  
[www.aimsintl.org](http://www.aimsintl.org)