

INTERNATIONAL FORUM OF VISUAL PRACTITIONERS

IFVP Membership Form

CONTACT INFORMATION:

Name _____
Company _____
Address _____
City _____ State _____
Zip/Postal Code _____ Country _____
Email _____
Primary Phone _____ Home Work Cell

PAYMENT OPTIONS:

Pay by Check or Money Order, Send by Mail:

Please send this completed form and a check or money order for complete costs to:

IFVP
Box 4192
Washington, PA
15301

Please make payment to "IFVP."

You will receive email confirmation of your registration.

Pay by Credit Card, Send by Fax:

Please fax this completed form to:

724-228-5888

You will receive a Paypal invoice for complete costs plus a 3% credit card processing surcharge via email. After we receive your payment, we will email confirmation of your registration.

MEMBERSHIP INFORMATION:

New member Renewing IFVP member

PAYMENT INFORMATION:

I would like to begin/renew my membership for:

- I would like to purchase a **ONE YEAR** membership in IFVP, including my own webpage on the official IFVP website, \$125 discount on attendance at the annual conference, and eligibility for free Associate Membership in Fractured Atlas. \$100
- I would like to purchase a **TWO YEAR** membership in IFVP, including webpage, conference discount, and FA Associate eligibility. \$185
- I would like to purchase a **THREE YEAR** membership in IFVP, including webpage, conference discount, and FA Associate eligibility. \$275
- I am a student, and I would like to purchase a one-year membership at the student rate (includes posting on student showcase webpage). Must include copy of current student I.D. \$75
- I would like to make a donation to the IFVP scholarship fund. _____

TOTAL COST: _____

PAYMENT METHOD: (Please see left for details)

Check/Money Order via Mail Credit Card via Fax

Thank you for your membership in the International Forum of Visual Practitioners. You will receive an email confirmation of your membership and information on how to build a Directory page at IFVP.org within two weeks.