MEMBERSHIP APPLICATION/RATES

SOCIETY OF INDEPENDENT SHOW ORGANIZERS

Regular Members shall include any firm, corporation and other for-profit entities that own, produce or provide full service management of "face to face" trade shows, consumer shows, expositions, conferences and/or similar events that represent a substantial part of their business, and which meet such other reasonable qualifications as may be determined by the Board of Directors from time to time.

Date: _____ Referred by _____

Company Name: _____ Company Website (URL) _____

Primary Representative: _____ Title: _____

Email: _____ Phone #: _____

Secondary Representative: _____ Title: _____

Email: _____ Phone #: _____

Third Representative: _____ Title: _____

Email: _____ Phone #: _____

Member Billing Address: _____ City: _____

State: _____ Zip/Postal Code _____ Country (If other than the US) _____

If you would like another representative to receive all communications instead of the primary representative listed above, please provide their contact details below:

Name: _____ Title: _____

Email: _____ Direct Phone: _____

Number of Employees _____

Please list your top three trade shows:

Trade show name and website URLs	No. of Exhibitors	No. of Attendees	Net Sq. Footage or Meters

Total number of shows: _____ **Exhibitors** _____ **Attendees** _____ **Sq. Footage/Meters** _____

Your annual dues are based upon your annual gross revenue • Please check mark the appropiate Menbership Level

Gross Annual Revenue (USD)	Annual Dues	Gross Annual Revenue (USD)	Annual Dues
☐ $0 - $500,000	$450	☐ $50 Million - $250 Million	$6,000
☐ $500,000 - $1 Million	$950	☐ $250 Million - $1 Billion	$10,000
☐ $1 Million - $10 Million	$1,750	☐ $1 Billion - $2 Billion	$12,500
☐ $10 Million - $50 Million	$3,500	☐ Over $2 Billion	$24,000

Upon approval you will receive an invoice for your membership, plus any pro-rated amount to bring your dues within SISO's cycle.
All information is kept confidential. Please complete this form and email to Info@SISO.org

For office use only

☐ Approved ☐ Not Approved Date: _____ By _____ Reason _____

8/7/26