



REQUEST CHANGE

IAM Membership Directory Information

Name of Company			
Address Line 1			
Address Line 2			
Address Line 3			
City	State/Province	Postal Code	Country
Telephone	Toll Free Telephone		Fax
Mobile/Skype	Website		Primary Email
POC Main	Title	Email	
POC 2	Title	Email	
POC 3	Title	Email	
<i>Three POCs are listed in the printed directory but you may list additional POCs for email communications. Email additional POCs (name/title/email) to membership@iamovers.org.</i>			
GOVERNING OR SUPPLIER MEMBERS ONLY: Describe your company's products, services or expertise (35 words or less)			
Business Type (choose up to THREE from Specialty Code List)			
1.	2.	3.	
Number of Employees	Number of Trucks/Vans	Warehouse Size (Sq.Ft. or Sq.M)	
Do you currently belong to another moving or relocation industry trade association? <input type="checkbox"/> None <input type="checkbox"/> Yes (check all that apply):			
<input type="checkbox"/> AMSA <input type="checkbox"/> BAR <input type="checkbox"/> CAM <input type="checkbox"/> ERC <input type="checkbox"/> FEDEMAC <input type="checkbox"/> FEMA <input type="checkbox"/> FIDI/FAIM <input type="checkbox"/> LACMA <input type="checkbox"/> OMNI <input type="checkbox"/> PAIMA <input type="checkbox"/> PRISM <input type="checkbox"/> Other (specify):			
Company Licenses Held (enter license number for each license held)			
SCAC	IATA	FMC	FMCSA Customs Broker
DOT	ISO	CTPAT	Other (specify):
QUALIFYING YP MEMBERS (\$100 membership fee; 3 free for Governing Members):			
IAM-YP	Title	Email	
IAM-YP	Title	Email	
IAM-YP	Title	Email	
Name & Title of Company Principal Making Request		Signature	Date