



## INTERNATIONAL ASSOCIATION OF SPEAKERS BUREAUS

9100 Purdue Road, Suite 200, Indianapolis, IN 46268

Telephone 317-328-7790 Fax 317-280-8527

### MEMBERSHIP APPLICATION

1. Name of Bureau or Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
800# \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
Email \_\_\_\_\_ WWW \_\_\_\_\_  
Company's tax identification number (your nation) \_\_\_\_\_  
Please check one: \_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_ Corporation
2. Name(s) of owner(s)  
\_\_\_\_\_
3. Name(s) and title(s) of principal(s) involved daily in the business  
\_\_\_\_\_  
\_\_\_\_\_
4. Name and title of individual who will represent your company in IASB  
\_\_\_\_\_
5. Number of employees in the bureau/agency \_\_\_\_\_
6. Founding date of bureau/agency \_\_\_\_\_
7. Is the bureau/agency presently involved primarily in representing the lecture interests of paid speakers? \_\_\_ Yes \_\_\_ No
8. Please indicate the percentage of speakers booked compared to other talent booked.  
\_\_\_\_\_ % Speakers \_\_\_\_\_ % Other Talent
9. Approximately how many speakers does the bureau/agency represent? \_\_\_\_\_
10. Is the bureau/agency a division of another company? \_\_\_ Yes \_\_\_ No
  - a. If so, how long has the bureau/agency been in existence? \_\_\_\_\_
  - b. Name of parent company \_\_\_\_\_
  - c. How long has parent company been in business? \_\_\_\_\_
11. Was company representative ever previously employed by another speakers bureau/agency?  
\_\_\_ Yes \_\_\_ No If yes, by whom? \_\_\_\_\_  
From \_\_\_\_\_ Until \_\_\_\_\_ (Dates)
12. Please attach the following supportive materials:
  - a. **Copy of incorporation papers showing date of incorporation and/or a copy of business license.**
  - b. **Business card, letterhead, and if available, a brochure or copy of your company's advertisement.**
13. Seven word description of your bureau for IASB membership directory:  
\_\_\_\_\_

The **International Association of Speakers Bureaus** is the trade association for speakers bureaus and agencies primarily representing the lecture interests of paid professional speakers, trainers and celebrities

THE FOLLOWING ARE QUALIFICATIONS FOR MEMBERSHIP IN IASB

Membership is open to speakers bureaus and agencies...

1. That derive 75% or more of its business from booking paid speakers
2. That book multiple speakers (4 or more) per year

The applying speakers bureau/agency must provide a notarized affidavit (form provided by IASB) of the above .

If any of the qualifications for membership are not met, or have been misrepresented, the bureau's/agency's membership to IASB may be suspended. Applying member agrees to provide verification of these qualifications upon request by the membership committee, executive committee or board of governors.

The above answers are correct to the best of my knowledge and belief. On behalf of my company I agree that this application will be the basis for and part of the membership that may be issued, and that my company shall hold the International Association of Speakers Bureaus, and its officers, directors, employees and agents, and each of them, harmless for any action or failure to act relating to this application. By signing below, I pledge my commitment and my company's commitment to the association's purposes, goals, rules, regulations and Code of Ethics. I understand that my company's membership is not in effect until this application is accepted by the Board of Governors of the International Association of Speakers Bureaus.

Date: \_\_\_\_\_ On Behalf of Applicant (Signature): \_\_\_\_\_

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**Membership**

- Processing/Initiation Fee ---- \$200.00 US Dollars  
(Non-returnable). Paid at time of application.
- Membership Dues ---- \$600.00 US Dollars  
Invoiced upon acceptance. IASB membership becomes valid upon receipt of paid dues.

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To pay with **MasterCard, Visa, Discover** or **American Express**, please complete the following information:

Credit card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address: Street \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_  
Zip \_\_\_\_\_

Name of cardholder \_\_\_\_\_

**All checks should be made payable to IASB, and mailed to:  
IASB, 7150 Winton Drive, Suite 300, Indianapolis, IN 46268**

For IASB Office use only	
Check # _____ for Processing Fee	Date Received _____
Check # _____ for Membership Dues	Date Received _____