



IMMA

Indiana Municipal Management Association

A State Affiliate of **ICMA**

INVOICE

2016 Dues

Name: _____
Position: _____
Municipality/Company: _____
Address: _____
City _____ State: _____ Zip: _____
Phone: _____
Fax: _____
Email: _____
Are you an ICMA member? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please make sure you provide an email address. This is very important in communicating with our members.

IMMA Membership Dues: \$100.00

*Mail completed form with payment by May 31, 2016 to:
IMMA, 125 W Market Street, Suite 240, Indianapolis, IN 46204*

<p>Paying by:</p> <p><input type="checkbox"/> Check (make payable to IACT) # _____</p> <p><input type="checkbox"/> Credit Card</p>	<p>IMMA accepts the following credit cards (please complete the following)</p> <p><input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express Amount: _____</p> <p>Card Number: _____</p> <p>Expiration Date: _____ Verification Code: _____</p> <p>Name on Credit Card: _____</p> <p>Billing Address of Credit Card: _____</p> <p>Signature: _____</p>
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