



**Indiana Mayor's Assistants (IMA)
2017 Dues Invoice**

2017 Membership	\$50/Member
Please fill out member information for the IMA roster. Copy form for additional members.	
Name: _____	
Municipality: _____	
Position: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: _____	
Fax: _____	
Email: _____	

Please return a copy of this invoice with your dues by March 31, 2017 to
 Aim
 Attn: IMA
 125 W. Market Street, Suite 240
 Indianapolis, IN 46204

Paying by: <input type="checkbox"/> Check # _____ <i>Make payable to Aim</i> <input type="checkbox"/> Credit Card	IMA accepts the following credit cards. <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express Card Number: _____ Expiration Date: _____ Verification Code: _____ Name of Card Holder: _____ Billing Address: _____ _____ Signature: _____
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