



IMMA
Indiana Municipal
Management Association
 A State Affiliate of **ICMA**

INVOICE

2017 Dues

Name: _____
 Position: _____
 Municipality/Company: _____
 Address: _____
 City _____ State: _____ Zip: _____
 Phone: _____
 Fax: _____
 Email: _____

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, 2017 to:
 IMMA, 125 W Market Street, Suite 240, Indianapolis, IN 46204*

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| <p>Paying by:</p> <p><input type="checkbox"/> Check (make payable to Aim) # _____</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</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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