



2018 ILMCT ANNUAL DUES NOTICE

Claim and Invoice

Due Date: 2018 Dues for all Classes of Membership due on or before March 1, 2018

This invoice and claim for payment is made upon the Clerk, Controller or Clerk-Treasurer of the City or Town, for payment of membership dues for the **Indiana League of Municipal Clerks and Treasurers**. You may pay from this invoice for any classes of membership. Please check the appropriate box to indicate the class of membership and dues schedule which applies. **An individual (including staff) must be a member to received the discounted pricing for League sponsored events.**

Active Members: Clerk-Treasurer, Clerk, Controller)

	Fee Costs:
Towns with population under 700	\$ 65.00 <input type="checkbox"/>
Towns or Cities with population of 701 to 5,000	\$ 85.00 <input type="checkbox"/>
Towns or Cities with population of 5,001 to 20,000	\$120.00 <input type="checkbox"/>
Towns or Cities with population over 20,001 to 35,000	\$160.00 <input type="checkbox"/>
Towns or Cities with population over 35,000	\$225.00 <input type="checkbox"/>

Please indicate your municipality population _____

Active Member Name: _____

Title: Clerk-Treasurer Clerk Controller

Name of Municipality: _____ County _____

Office Address: _____

City/Town/Zip: _____

Office Phone: _____ Fax: _____

Office e-mail: _____

Home Address: _____ City/Town/Zip: _____

Home Phone: _____

Financial computer software used _____

(This question is being asked to assist the Mentor Committee in placing people with like software.)

Complete information on back of form for the following:

Associate Members: (Deputy or staff member) **\$65.00 each member**

Associate Members: (Retired or former active member) **\$65.00 each member**

Affiliate Members: (Any person in municipal government (elected or appointed) who does not already qualify for another membership class) **\$65.00 each member**

PLEASE RETURN A COPY OF THIS INVOICE/CLAIM WITH YOUR REMITTANCE

Associate Members: (Staff of an active member of the league):

• Associate Member Name: _____ Title: _____
Address: _____ City/Town/Zip: _____ \$65.00
Email address: _____

• Associate Member Name: _____ Title: _____
Address: _____ City/Town/Zip: _____ \$65.00
Email address: _____

(Please copy form for additional Associate Members)

Associate Members: (Retired or former active member):

• Associate Member Name: _____ Title: _____
Address: _____ City/Town/Zip: _____ \$65.00
Email address: _____

• Associate Member Name: _____ Title: _____
Address: _____ City/Town/Zip: _____ \$65.00
Email address: _____

(Please copy form for additional Associate Members)

Affiliate Members: (Any person in municipal government (elected or appointed) who does not already qualify for another membership class)

• Affiliate Member Name: _____ Title: _____
Address: _____ City/Town/Zip: _____ \$65.00
Email address: _____

• Affiliate Member Name: _____ Title: _____
Address: _____ City/Town/Zip: _____ \$65.00
Email address: _____

(Please copy form for additional Affiliate Members)

TOTAL ACTIVE MEMBER \$ _____

TOTAL ASSOCIATE MEMBER \$ _____

TOTAL AFFILIATE MEMBER \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Checks to be made payable to:
**Indiana League of Municipal Clerks
and Treasurers or ILMCT**

Please remit payment to:
**ILMCT
125 W. Market Street, Suite 100
Indianapolis, Indiana 46204**

I hereby certify that the foregoing is just and correct, that the amount claimed is legally due after allowing for just credits and that no part of the same has been paid.

Karen McQueen, Secretary-Treasurer

ILMCT Membership Benefits Include:

- Notice of League events (includes training and professional development opportunities)
 - A subscription to the QUEST, the ILMCT official newsletter
 - In some cases, discounts for League sponsored events
 - Access to League Listserve
 - Membership Roster