



# 2018 IMPACT Dues

**Primary Member - \$50.00 (First person from a Municipality)**  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Secondary Member - \$20.00 (Each additional person from a Municipality)**  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Associate Membership - \$100.00**  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Mail completed forms and payments no later than May 31, 2018 to:  
 Aim, 125 W. Market Street, Suite 100, Indianapolis, IN 46204

<p>Paying By:</p> <p><input type="checkbox"/> Check # _____        (Payable to Aim)</p> <p><input type="checkbox"/> Credit Card</p>	<p><b><u>IMPACT accepts the following credit cards (Please complete the following)</u></b></p> <p><input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Amount: _____</p> <p>Card Number: _____</p> <p>Expiration Date: _____ Verification Code: _____</p> <p>Name on Credit Card: _____</p> <p>Billing Address: _____</p> <p>Signature: _____</p>
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