

INVOICE



INDIANA MAYORS' ASSISTANTS (IMA) 2019 DUES INVOICE

Indiana Mayors Assistants (IMA) 2019 Membership Total Due: \$75.00/per member

Please fill out member information for the IMA roster. (Copy form for additional members)

Name: _____ Municipality: _____
Position: _____ Address: _____
City: _____ Phone Number: _____
Email Address: _____

Please return a copy of invoice with your dues by March 1, 2019 to
Aim
Attn: IMA
125 W Market Street, Suite 100
Indianapolis, IN 46204

Paying by:

Check
(Make payable to Aim)

Credit Card

IMA accepts the following credit cards (please complete the following)

Visa Mastercard Discover American Express

Card No: _____ 3-Digit Verification: _____

Card Exp. Date: _____

Name of Card Holder: _____

Billing Address: _____

Signature: _____