



2019 IMPACT Dues



Primary Member - \$50.00 (First person from a Municipality)

Name: _____

Title: _____

Municipality: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Secondary Member - \$20.00 (Each additional person from a Municipality)

Name: _____

Title: _____

Municipality: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Associate Membership - \$100.00

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Mail completed forms and payments no later than May 31, 2019 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><u>IMPACT accepts the following credit cards (Please complete the following)</u></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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