Make Checks Payable to IMLA  
Return Payment to: IMLA, 125 W Market Street, Suite 100, Indianapolis, IN 46204  
Phone: (317) 237-6200  Fax: (317) 237-6206  
Contact: Rhonda Cook, rcook@aimindiana.org

Invoice for 2021 Membership
AMOUNT: $85.00 per attorney

CONTACT INFORMATION:
Name: ________________________________  Address:_____________________________________________
Title: __________________________________  City:______________________________________________
Phone: ________________________________  State:____________________ ZIP:____________________
Email: __________________________________  Attorney Number:__________________________
Governmental Unit/Organization/Firm: ____________________________________________________

REPRESENTATION:
List the name of all cities, towns, counties, townships, schools, etc. for which you do legal work and your role:

<table>
<thead>
<tr>
<th>UNIT</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Town of Avon</td>
</tr>
<tr>
<td></td>
<td>Redevelopment Commission Attorney</td>
</tr>
</tbody>
</table>

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________
6. ________________________________________________________________

MUNICIPAL LAW AREAS OF PRACTICE:
Please list your areas of practice within municipal law (check all that apply):

- [ ] Council Attorney
- [ ] Redevelopment/Economic Development
- [ ] General Municipal Law
- [ ] Solid Waste Districts
- [ ] Litigation
- [ ] Utilities
- [ ] Planning & Zoning
- [ ] Other: ______________________________________________________

OTHER AREAS OF PRACTICE:
Please list other areas of law in which you practice (if any):
______________________________________________________________
______________________________________________________________

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

___________________________________________
Rhonda Cook  
IMLA Secretary-Treasurer