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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:

	UNIT	ROLE
<i>Example</i>	<i>Town of Avon</i>	<i>Redevelopment Commission Attorney</i>
1.		
2.		
3.		
4.		
5.		
6.		

MUNICIPAL LAW AREAS OF PRACTICE:

Please list your areas of practice within municipal law (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Council Attorney | <input type="checkbox"/> Redevelopment/Economic Development |
| <input type="checkbox"/> General Municipal Law | <input type="checkbox"/> Solid Waste Districts |
| <input type="checkbox"/> Litigation | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Planning & Zoning | Other: _____ |

OTHER AREAS OF PRACTICE:

Please list other areas of law in which you practice (if any):

