



# 2023 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, 2023 to:  
Aim, 125 W. Market Street, Suite 100, Indianapolis, IN 46204

<p><b>Paying By:</b></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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