



Indiana ADA & Title VI  
Coordinators' Association

## 2023 Dues Invoice

Name:	_____				
Position:	_____				
Municipality/Company:	_____				
Address:	_____				
City:	_____	State:	_____	Zip:	_____
Phone:	_____				
Fax:	_____				
Email:	_____				

**Make checks payable to: Aim**

Mail completed forms with payment by March 31, 2023 to:  
*Indiana ADA & Title VI Coordinators Association, 125 W. Market Street, Suite 100, Indianapolis, IN 46204*

**Indiana ADA & Title VI Coordinators Association**  
**Membership Dues: \$25.00**

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*Please remit payment by check or credit card to Aim by March 31, 2023*

<b>Paying by:</b>	<b>Indiana ADA &amp; Title VI Coordinators Association accepts the following credit cards (please complete the following)</b>
<input type="checkbox"/> Check (make payable to Aim)	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover Card <input type="checkbox"/> American Express
# _____	Amount: _____
<input type="checkbox"/> Credit Card	Card Number: _____
	Expiration Date: _____ Verification Code: _____
	Name on Credit Card: _____
	Billing Address of Credit Card: _____
	Signature: _____