

## 2023-2024 Membership Form

Membership shall be open to any person professionally or voluntarily engaged and involved in the economic development or redevelopment of or on behalf of a city, town, or county of the State of Indiana. This includes members of a redevelopment commission, elected officials, local government staff, redevelopment professionals, the executive director of a redevelopment department or organization, and employees of a redevelopment department or organization. Company representatives may also join as approved by the RAI membership. For questions regarding RAI, please reach out to Becca McCuaig at bmccuaig@aimindiana.org.

Dues are assessed per municipality/organization instead of by individual. Therefore, multiple redevelopment individuals from the same municipality/organization can sign-up under one membership. Please call (317) 237-6200 Ext. 232 for your municipality/organization membership status.

MAIN CONTACT PERSON					
JOB TITLE/POSITION					
CITY, TOWN, COUNTY OR ORGANIZA	ATION				
DEPARTMENT (IF APPLICAPLE)					
ADDRESS					
CITY		STATE	ZIP		
PHONE		FAX			
EMAIL					
\$125 RENEWAL MEI		\$25 FIRST TIN	ME MEMBER		
PLEASE LIST ADDITIONAL MEMBERS FROM THE SAME MUNICIPALITY/ORGANIZATION:					
NAME:	TITLE:	EMAIL ADDRE	ESS:		

Please mail or email this form. By Mail to: RAI, c/o Accelerate Indiana Municipalities (Aim), 125 W. Market St., Suite 100, Indianapolis, IN 46204. By Email: klubelski@aimindiana.org. If payment is not enclosed with your completed membership form, we will invoice you. Please note, membership is not active until payment is received. Mail completed forms and payment no later than December 31, 2023.



## **ANNUAL DUES INVOICE**

July 1, 2023 – June 30, 2024

\$125.00 2023-2024 Dues for Renewing Members

• \$25.00 2023-2024 Dues for New Members

Payment Method:				
Check – Please make checks payable to Aim				
Credit Card - Master Card Visa Discover American Express				
Credit Card #:		Verification Code:		
Card Expiration Date:		Amount:		
Name on Card:		·····		
Billing Address of Credit Card:				
Address:	<del>_</del>			
City: St	ate:	Zip:		
Authorized Signature for Credit Card:				

## IF PAYING BY CHECK, PLEASE RETURN A COPY OF INVOICE WITH PAYMENT OR BE SURE TO INCLUDE A NOTE THAT YOUR PAYMENT IS FOR RAI DUES.

Return payment to:

- BY MAIL -> Redevelopment Association of Indiana, c/o Aim, 125 W. Market Street, Suite 100, Indianapolis, IN 46204
- BY EMAIL if using a credit card -> Kyle Lubelski klubelski@aimindiana.org

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