

Sharry Hemingway  
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December 12, 2023

Dear Municipal Human Resource Professional:

I invite you to join the Indiana Municipal Personnel Administrators for Cities and Towns (IMPACT). Whether you are new to the HR field, have many years' experience, or have the responsibility of HR, we can help provide a network for municipal human resource professionals by offering educational and networking opportunities for exchanging and obtaining valuable HR knowledge and professional development.

IMPACT is an affiliate group of Accelerate Indiana Municipalities (Aim), and we first began our group in 2001. Our purpose exists to provide a network for municipal human resources professionals to:

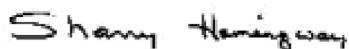
- Foster professional development through training and information sharing
- Better define the role of the human resources function in municipal government
- Stimulate and encourage interaction among human resources professionals to share information and provide expertise to one another and to other municipal officials
- Share resources through personal interaction and the creation of a personnel management IMPACT "resource library," and through our IMPACT "list-serve"
- Promote the profession of local government human resources management

Enclosed you will find the 2024 IMPACT membership form for your completion. Please send form and payment to the following address:

Aim  
125 W Market Street  
Suite 100  
Indianapolis, IN 46204

I invite you to call on any of the IMPACT Officers should you have questions. Please visit [aimindiana.org/members/affiliate-groups/IMPACT](http://aimindiana.org/members/affiliate-groups/IMPACT) for further information on our group and meeting dates.

Respectfully,



Sharry Hemingway  
2024 IMPACT President





# 2024 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, 2024 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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