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Contact: Becca McCuaig / [bmccuaig@aimindiana.org](mailto:bmccuaig@aimindiana.org)

**Invoice for 2024 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
Example	Town of Avon	Redevelopment Commission Attorney
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

**MUNICIPAL LAW AREAS OF PRACTICE:**

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

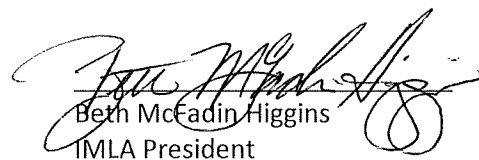
- |  |   |
|--|---|
| <input type="checkbox"/> Council Attorney      | <input type="checkbox"/> Redevelopment/Economic Development |
| <input type="checkbox"/> General Municipal Law | <input type="checkbox"/> Solid Waste Districts              |
| <input type="checkbox"/> Litigation            | <input 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):

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the foregoing is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of the same has been paid.

  
Beth McEadin Higgins  
IMLA President

\*Dues amount will reduce to \$50 once a governmental unit, organization, or firm has paid full amount for 10 attorneys.