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Phone: (317) 237-6200 Fax: (317) 237-6206

Contact: Becca McCuaig / bmccuaig@aimindiana.org

Invoice for 2025 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
<i>Example</i>	<i>Town of Avon</i>	<i>Redevelopment Commission Attorney</i>
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.

Aaron Culp
IMLA Secretary-Treasurer

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