



December 2, 2025

Dear ADA & Title VI Coordinators,

Your Indiana ADA & Title VI Coordinator's Association (Association) continues to grow and provide valuable training, resources, and solutions to Indiana communities of all sizes and demographics, everyone has a "seat at the table". We are most fortunate to have a stellar relationship with Accelerate Indiana Municipalities (Aim). They serve as our fiscal agent and provide us with the technical and administrative resources we would not be able to provide on our own.

We also have a most valuable relationship with the Association of Indiana Counties (AIC), they too offer our members assets and contacts so very important to our success. Additionally, our partnership with INDOT and Federal Highway continues to flourish, providing unprecedented access to expertise, experience, and expectations.

While we are experiencing increasing costs everywhere, we are so happy to provide this membership at an exceptional value of \$25.00 per person.

We also provide professional and business sponsorship opportunities for vendors. Please share our information with your partners.

You continue to make a difference in your communities and we are honored to support your efforts.

Highest Regards,

Ben Merida
City of Martinsville, Clerk-Treasurer
IN ADA/Title VI Coordinator Association, President
bmerida@martinsville.in.gov



2026 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, 2026 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

Please remit payment by check or credit card to Aim by March 31, 2026

Paying by:	Indiana ADA & Title VI Coordinators Association accepts the following credit cards (please complete the following)
<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: _____