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December 8, 2025

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 2026 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 for further information on our group and meeting dates.

Respectfully,

Brandy Simpson, SHRM-CP

Brandy Simpson
2026 IMPACT President





2026 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 March 31, 2026 to:
Aim, 125 W. Market Street, Suite 100, Indianapolis, IN 46204

Paying By:

☐ Check # _____

(Payable to Aim)

☐ Credit Card

IMPACT accepts the following credit cards (Please complete the following)

☐ American Express ☐ Discover ☐ MasterCard ☐ Visa Amount: _____

Card Number: _____

Expiration Date: _____ Verification Code: _____

Name on Credit Card: _____

Billing Address: _____

Signature: _____