



# Indiana Marshals' Association 2014 Membership Application and Invoice

Invoice Date:

Applicant Name:  
(Contact Person) (First, Middle, Last Name)

Department Name:

Business Address:  
(Street, City, State, ZIP)

Business Email:  
Applicant Email:

Telephones:  
Business - Primary:  
Secondary Business:

Attach names and email addresses of those additional applicants covered by group purchase:  
May be filled in by department or town:  
(Use a separate sheet if more than two)

Number of Memberships: \_\_\_\_\_ x \$30.00 = \$ \_\_\_\_\_  
Includes \$10,000.00 Accidental Death Benefit in 2014

Annual Conference Fee:  
2014 Conference Fee: \$25.00 for each attendee (Lafayette, IN)

TOTAL CHARGES: \$ \_\_\_\_\_

Return a copy of this invoice with payment to:  
**IMA, 2230 Stafford Road, Suite 115, Plainfield, Indiana 46168.**

If this is an initial membership rather than a renewal:  I (contact person named above) certify that each applicant is an active law enforcement officer or reserve and eligible for membership in the IMA.

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Do not complete this section. For IMA records:

Approved \_\_\_\_\_ Date \_\_\_\_\_ Fee Included \_\_\_\_\_

Administrative Notes: