



Indiana Marshals' Association 2016 Membership Application and Invoice

Invoice Date:

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

Department Name:

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

Business Email:
Applicant Email:

Business Telephone:
Applicant Telephone:

Attach names and email addresses of those additional applicants covered by a group purchase.
(Use reverse side of this form or a separate sheet stapled to this form.)

Number of Regular Memberships:	x \$35.00 =	\$
Number of Associate Memberships:	x \$30.00 =	\$
Annual Conference Fee (member rate: \$30.00 ea.):		\$
Annual Conference Fee (non-member: \$55.00 ea.):		\$
Sponsors:		\$
<small>(Minimum: Bronze \$200.00; Silver \$1000.00; Gold \$4000.00, Platinum \$10,000.00)</small>		
Vendor Booth (\$100.00)		\$
TOTAL CHARGES:		\$ _____

Return a copy of this invoice with payment to:
IMA, 2230 Stafford Road, Suite 115, Plainfield, Indiana 46168. Any question, call: 317-268-1041.

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

Do not complete this section. For IMA records:

Approved _____ Date _____ Fee Included _____

Administrative Notes: