



Indiana Marshals' Association Membership/Conference Application

Date: _____

Applicant Name:
(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.)

Calendar Year Applying for:

Number of Law Enforcement Memberships:	x \$35.00 = \$		
Number of Associate Memberships:	x \$30.00 = \$		
Conference (Member – Law Enforcement):	x \$40.00 = \$	Spring	Fall
Conference (Member - Associate):	x \$75.00 = \$	Spring	Fall
Conference (Non-Member):	x \$100.00 = \$	Spring	Fall

(Please Check All That Apply)

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: