



The International Municipal Lawyers Association

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RETIREE MEMBERSHIP APPLICATION

RETIREE MEMBERSHIP - \$100

I am interested in joining as a Retiree Associate Member at the rate of \$100 annually.

Name _____
Title _____
E-mail _____
I was recruited to join IMLA by: _____

TO BE COMPLETED BY ALL:

Address _____
City _____ State _____ Zip _____
Phone _____
Fax _____

EACH ATTORNEY CAN JOIN UP TO THREE SECTIONS:
<input type="checkbox"/> Code Enforcement
<input type="checkbox"/> Economic Development and Finance
<input type="checkbox"/> Ethics
<input type="checkbox"/> Health and Environment
<input type="checkbox"/> General Government
<input type="checkbox"/> Land Use
<input type="checkbox"/> Litigation, Insurance and Risk Management
<input type="checkbox"/> Personnel
<input type="checkbox"/> Technology
<input type="checkbox"/> Telecommunications and Franchise

PAYMENT <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Visa <input type="checkbox"/> Master Card
(can be mailed or faxed, please see below)
Make all checks payable to IMLA; U.S. currency only. Amount \$ _____
Card No. _____
Cardholder Name (please print) _____
Exp.Date _____ 3 Digit Security Code _____
Cardholder Signature _____

REMITTANCE ADDRESS: International Municipal Lawyers Association P.O. Box 200016 Pittsburgh, PA 15251-0016