



ASSOCIATE MEMBERSHIP APPLICATION

FIRM MEMBERSHIP Dues based on firm size. Entitles two members of the law firm to join for one rate:

- Firm Member (2-9 Attorneys): \$500 ____ # of Attorneys
- Firm Member (10-49 Attorneys): \$700 ____ # of Attorneys
- Firm Member (50+ Attorneys): \$900 ____ # of Attorneys

Firm Name _____

First Attorney _____

Title _____ Email Address _____

Office Manager Email _____

Second Attorney _____

Title _____ Email Address _____

Additional Firm members are entitled to join for \$100 per individual. The following members should be added to our Firm Membership:

Third Attorney _____

Title _____ Email Address _____

Fourth Attorney _____

Title _____ Email Address _____

INDIVIDUAL MEMBERSHIP

- One Attorney: \$300

Name _____

Title _____ Email Address _____

TO BE COMPLETED BY ALL:

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

I was recruited to join IMLA by: _____

EACH ATTORNEY CAN JOIN UP TO THREE SECTIONS:

- Code Enforcement
- Economic Development and Finance
- Ethics
- Health and Environment
- General Government
- Land Use
- Litigation, Insurance and Risk Management
- Personnel
- Technology
- Telecommunications and Franchise

PAYMENT Check Enclosed Visa 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 _____