



The International Municipal Lawyers Association

t: (202) 466-5424
f: (202) 785-0152
e: info@imla.org
w: www.imla.org

LIBRARY MEMBERSHIP APPLICATION

LIBRARY MEMBERSHIP - \$250

Name _____	Title _____
Local Government Entity _____	
Address _____	
City/Province _____	Territory/Zip _____
Phone _____	Fax _____
E-mail _____	
Office Manager E-Mail _____	
I was recruited to join IMLA by: _____	

PAYMENT	<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
<i>(can be mailed or faxed, please see below)</i>			
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