



IMBCA MEMBERSHIP APPLICATION

DATE: _____

MUNICIPALITY: _____
(OR AGENCY/FIRM IF NON-VOTING ASSOCIATE MEMBERSHIP)

ADDRESS: _____

CITY/VILLAGE: _____ STATE: _____ ZIP: _____

VOTING DESIGNEE/CONTACT: _____
(FIRST) (LAST)

TITLE: _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

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ALT. VOTING DESIGNEE/CONTACT: _____
(FIRST) (LAST)

TITLE: _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

MEMBERSHIP FEE \$250 PER YEAR PAYMENT (CHECK / BILL ME) CIRCLE ONE
RENEWAL DUE ON OCTOBER 1ST EACH YEAR