



## 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: \_\_\_\_\_

.....

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 1<sup>ST</sup> EACH YEAR