



IP A
INFORMATIONAL DATA
(FOR NEW MEMBERSHIP)

NAME/TITLE _____

NAME OF
BUSINESS _____

BUSINESS
ADDRESS _____

BUSINESS PHONE NUMBER _____

FAX PHONE NUMBER _____

EMAIL ADDRESS _____

HOME
ADDRESS _____

HOME PHONE NUMBER _____

NAME OF BUSINESS FRIEND _____

ADDRESS OF BUSINESS FRIEND _____

ADDRESS PREFERENCE FOR RECEIVING MAILINGS

- BUSINESS
- HOME
- OTHER PLEASE SPECIFY:

STATE WHETHER YOU ARE WILLING TO SERVE ON AN IPA BOARD OR
AS AN IPA OFFICER _____

ALSO DESIGNATE AN IPA STANDING TASK FORCE AND/OR COMMITTEE
IN WHICH YOU CAN SERVE _____

MEMBERSHIP DUES: INDIVIDUAL-\$75.00 CORPORATE-\$300.00 (Three persons)

Mail check/money order to:
Indianapolis Professional Association (IPA)
P.O. Box 20712
Indianapolis, IN 46220

OR

Payonline at www.ipaindy.org