ITA ASSOCIATE MEMBER APPLICATION & RENEWAL FORM

ANNUAL DUES
$500
(Per Calendar Year)

Thank you for supporting the Indiana Township Association and Indiana's townships!

Please complete this form to become an ITA Associate Member, renew your membership, or update your contact information. Return the completed form with payment to the address listed below or email to **ita@ita-in.org.**

1. MEMBERSHIP INFORMATION

☐ New Membership ☐ Renewal ☐ Update Contact Information

Organization / Company Name _____

Business Type / Industry _____

Website _____ Year Established _____

Organization Address _____

City _____ State _____ Zip _____

2. PRIMARY CONTACT INFORMATION

Contact Name _____ Title _____

Email _____ Phone _____

Cell Phone _____ Fax _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

3. ADDITIONAL CONTACT(S) (Optional)

Contact Name _____ Title _____

Email _____ Phone _____

Contact Name _____ Title _____

Email _____ Phone _____

4. PARTNERSHIP & PROMOTIONAL OPPORTUNITIES

I am interested in learning more about:

☐ Hosting a luncheon or training event
☐ Sponsoring an event or program
☐ Presenting at a "Township Talk" (virtual)
☐ Advertising in ITA publications
☐ Participating in regional meetings
☐ Other _____

Please share any products, services or solutions your organization provides that may be of interest to townships:

_____

_____

_____

ASSOCIATE MEMBER BENEFITS

- Support for townships in their ongoing battle to preserve our unique form of government.
- Access to our membership database for potential partnerships and sales.
- Opportunities to collaborate with the ITA team by hosting luncheons or sponsoring training events.
- Discounts for the annual educational conference and legislative gathering ($100 discount for early renewal).
- Direct support from ITA staff for your business needs.
- Participation in regional meetings tailored to your market.
- Priority referrals to townships seeking vendors for specific needs.
- Opportunities to present virtually at our monthly "Township Talks," attended by 80-230 townships on average.

5. PAYMENT INFORMATION

PAYMENT METHOD:

☐ Check Enclosed (Payable to Indiana Township Association)
☐ Credit Card (Complete information below)

Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number _____

Expiration Date _____ CVV Code _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

Authorized Signature _____

6. AUTHORIZATION

I authorize the Indiana Township Association (ITA) to enroll the organization named above as an Associate Member. I understand that membership dues are $500 per calendar year and are non-refundable.

Authorized Signature _____ Date _____

ASSOCIATE MEMBERSHIP POLICY

- All Associate Membership applications are subject to review and approval by the Indiana Township Association.
- If an application is not approved, any membership dues submitted with the application will be refunded in full.
- Associate Members are expected to use membership benefits, including access to ITA resources and member information, in a professional, ethical, and appropriate manner. Misuse of membership privileges, including unauthorized use or distribution of member information, solicitation inconsistent with ITA policies, or conduct deemed detrimental to the Association or its members, may result in the immediate termination of Associate Membership. **Membership dues are non-refundable in the event of termination.**
- The Indiana Township Association reserves the right to approve, deny, suspend, or revoke Associate Membership at its sole discretion in the best interests of the Association and its members.

RETURN COMPLETED FORM WITH PAYMENT TO:
Indiana Township Association
PO Box 611 | Fishers, IN 46038
Email: ita@ita-in.org | Phone: (317) 813-3240

Strong Townships. Stronger Indiana.

STAY CONNECTED!
www.ita-in.org
@IndianaTownshipAssociation