

Indiana Marketing Education Association

Membership Application - \$10.00/year

Member Name _____

Home Address _____

City _____ State _____ Zip Code _____

School Name _____

School Address _____ City _____

State _____ Zip Code _____ County _____ Number Yrs. Teaching _____

Home/Cell Phone _____ School Phone _____

School Principal _____ Principal Email _____

E-mail Address _____

New Member _____ Renewal _____

Can we contact you for a future position on the IMEA Executive Board? _____Yes _____No

If you have questions about your membership, please contact Amber Reed, IMEA Treasurer at areed@bps.k12.in.us

Make checks payable to IMEA or IN Marketing Education Association

**Mail to:
Amber Reed
925 Lynn Drive
Bremen, IN 46506**

For Treasurer Use Only:

Date Received: _____

Cash _____ Check _____