

IOWA MUNICIPAL ATTORNEYS ASSOCIATION MEMBERSHIP APPLICATION

Please complete the following and return with your check payable to the *Iowa Municipal Attorneys Association*. Annual membership is from January 1 to December 31. Members must be duly admitted to practice law in the State of Iowa.

Annual Membership Fee: \$25.00

New ____

Renewal ____

Membership Category - Please check one:

- Municipal Attorney/Corporation Counsel**
- Assistant Municipal Attorney**
- Bond Counsel**
- Other (must represent or advise Iowa cities in some legal capacity)**

Name: _____
(Last) (First) (Initial)

Title: _____

Client City(ies): _____

Firm Name, if applicable: _____

Business Address: _____

City _____ State _____ Zip Code _____

Business Phone: (____) _____ Fax: (____) _____

Email: _____

Please add my email address to the Legalpad list service.

Iowa Judicial District Number: _____

I, the undersigned, hereby voluntarily release the above information for use by the Association for a membership directory that is posted to the Iowa Municipal Attorneys Association web site.

Signature of Member

Date

The Iowa Municipal Attorneys Association encourages member participation through service on its committees and on the Executive Board.

_____ **Yes, I am interested in serving on a committee or being considered for appointment to the Executive Board.**