

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
415 Zillmer Drive
Bremen, IN 46506**

For Treasurer Use Only:

Date Received: _____

Cash _____ Check _____