



Please print your information below.

Name: _____

Organization: _____

Email Address: _____

Telephone Number: _____

Fax Number: _____

If we can not reach you we would like to have an alternate contact person for your organization, if you could please list that information below.

Alternate Contact Person: _____

Email Address: _____

Telephone Number: _____

Please provide any suggestions on information or speakers that you would for IAIC to provide to you in 2009 below.

1. _____
2. _____
3. _____

Thank you for becoming a member of IAIC!

Indiana Association of Area Agencies on Aging
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