AIC Associates Program

Association of Indiana Counties, Inc. (AIC)
101 W. Ohio St., Suite 1575, Indianapolis, IN 46204
Phone: 317.684.3710 / Fax: 317.684.3713
pcoleman@indianacounties.org www.indianacounties.org

Company Information

Company Name_____

Address_____

City/State/Zip_____

Phone/Fax_____

Company Website_____

Company E-Mail_____

Company Representatives

Each company may have up to two representatives on the AIC mailing list.(Representatives will receive a subscription to *Indiana News 92* magazine (a $30 value), meeting notices & legislative bulletins.)

Representative #1

Name & Title_____

Address_____

City /State/Zip_____

Phone/Fax_____

E-mail_____

Representative #2

Name & Title_____

Address_____

City /State/Zip_____

Phone/Fax _____

E-mail_____

Please see page 2 to complete this application

Primary Services or Products

* Please note that your complimentary listing in the ***Directory of County Resources*** will be compiled from the information on this application.

PLEASE LIST A DESCRIPTION OF SERVICES OR PRODUCTS FOR YOUR COMPLIMENTARY LISTING IN THE *DIRECTORY OF COUNTY RESOURCES.*

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Please check ONE category from the list below for your company's complimentary listing in the *next published Directory of County Resources*. Please note, for multiple listings or to cross-reference to another category, a $50 fee will be charged per additional category or cross-reference.

- ☐ **Communications**
- ☐ **Computers /Computer Software/Records Management/Voting Systems**
- ☐ **Consulting - Architecture / Engineering/ Environmental / GIS**
- ☐ **Appraisal Services**
- ☐ **Contractors & Suppliers**
- ☐ **Finance**
- ☐ **Insurance**
- ☐ **Legal & Technical**
- ☐ **Office Management - Forms/Office Equipment/Printing**
- ☐ **Personnel Development**
- ☐ **Traffic Control**
- ☐ **Utilities**
- ☐ **Other**_____

- ☐ **$700 - 2017 Annual Participation Fee Enclosed.** *Make checks payable to Association of Indiana Counties.*
- ☐ **Invoice Company for $700 Annual Participation Fee to this address:**_____

My signature implies that the company I represent will abide by Indiana's public statutes and local bidding ordinances as it relates to public purchases and public works. I understand that failure to abide by these ethical standards will lead to my company's Associate Program status being revoked which includes the loss of any benefits related to participation with the AIC Associate's Program.

Signature_____ **Date**_____

HALO Political Action Committee Contribution

- ☐ $25.00
- ☐ $50.00
- ☐ $100.00
- ☐ $_____Other Amount

Yes! I would like to contribute to HALO PAC (Hoosiers for Accountable Local Officials Political Action Committee). The HALO PAC will provide another opportunity to strengthen our relationships with legislators. We look forward to using the funds raised towards attendance of political fundraisers and in support of re-election campaigns for legislators who have worked hard on behalf of Indiana County Government and continue to pass legislation that benefits Indiana's counties. This contribution is not applicable to sponsorship or registration fees for any HALO PAC events. ***NOTE: Checks written to the HALO PAC MUST made payable to HALO.***

Return completed form with AIC annual participation fee to:

Association of Indiana Counties, Inc. Attention: Pam Coleman
101 West Ohio Street, Suite 1575
Indianapolis, Indiana 46204
Fax (317) 684-3713
pcoleman@indianacounties.org