

Yes! I want to join SIPMA!

(Please Print)

Name of Organization	Person Joining	Job Title	Phone Number and Extension	Email Address

Business Address:
Business Phone:
Business Fax:
Your Company Website that can be linked to the our website:

Enclosed is \$_____ (\$40 for single membership, \$100 for 3 or more)

Member notices will be mailed to the above email addresses. Please remember to keep your contact information current by emailing us at info@sipma.org.

Make checks payable to SIPMA and mail with this completed application to:

SIPMA
PO Box 3873
Carbondale, IL 62902