

# IACHES ASSOCIATE MEMBERSHIP INVOICE

SEND TO: Cheryl Mencsik  
IACHES  
P.O. Box 55  
LaGrange, IN 46761

For:	<u>Amount</u>
Associate Membership dues for the Indiana Association of County Highway Engineers and Supervisors-Associate Member .....	\$125.00

*Please Enter the following information*

Company:  
Contact:  
Title:                      Address:  
City:                        State:                      Zip Code:  
Phone:                      Fax:                        E-Mail:                      Web Site:

Your continued support of our Association is greatly appreciated!!!!!!

*Please return a copy of this Invoice with your payment to:*

IACHES, P.O. 55, LAGRANGE, IN 46761