

IMDRA Membership Form



Name (Please Print Clearly) _____

Address (Please Print Clearly) _____

City _____ State _____ ZipCode _____

Phone Number _____

Email Address _____

Is this a new membership? _____ (yes or no)

If this is a renewal, what is your current membership number? _____

Annual Membership dues: \$45.00

**Make Checks Payable to IMDRA
Print & Mail this form to:
IMDRA
192 Glendale Drive
Youngsville, North Carolina 27596**

**or send via PayPal to:
fvick1121@embarqmail.com**