

# 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**