



Complete This Form for New or Renewal Membership

Please **print all** information (except signature) legibly – especially email address(es)

Name: _____ Nickname: _____
(last) (first) (middle if desired) (if any / if you choose)

Address: _____

City: _____ State / Prov. / Country: _____ Zip/Postal: _____

Date of Birth: ____/____/____ (Required!)

Home Telephone: _____ Mobile: _____ Email(*): _____

Couples must reside at the same address:

Couple Membership/Partner Name: _____ Email(*): _____

Couple Membership/Partner Date of Birth: ____/____/____ (Required!)

I am a member of other Nativist Organizations (please list): _____

The **Member Directory** lists all IMEN members who **choose** to be listed. Directories are provided only to those members **listed**, in either hard-copy or electronic format, depending of your Membership category.

- _____ LIST me in the Member Directory
- _____ DO NOT list me in the Member Directory

* **EMAIL Addresses:** When an IMEN member provides an email address as part of his membership info, IMEN will send communications to his email address relating to **all** IMEN business matters as well as when each IMEN Quarterly Newsletter & Member Directory is posted to the IMEN website. If you have an email address and choose to join as a **US Mail member**, your newsletters and directories will be mailed, as soon as possible after publication, to the address provided by you. Please note, you will continue to receive IMEN mass information notices – commonly known as e-blasts – via electronic communication to your email address.

* **MEMBERSHIP CATEGORY/DUES** (check appropriate choice):

- _____ \$30 US Single w/Electronic communication
- _____ \$35 US Couple w/Electronic communication
- _____ \$35 Non US Single w/Electronic communication
- _____ \$40 Non US Couple w/Electronic communication
- _____ \$40 US Single w/US Mail
- _____ \$45 US Couple w/US Mail
- _____ \$45 Non US Single w/US Mail
- _____ \$50 Non US Couple w/US Mail

Payment:

- _____ Check/MO Enclosed, Payable to: IMEN
- _____ Please charge my Credit Card: Discover / Visa / Master Card (circle one)

Credit Card Number _____ Exp. Date: _____
3 digit security code on back of card # _____



Signature: _____
(Signature certifies that I am a male at least 21 years old)

**Mail to: IMEN, P.O Box 578, Rising Sun, MD 21911
www.imen4allmen.org**