



# Indiana Recorders Association

## Associate Membership Form

*Note: Associate Memberships are required to participate as a vendor at the Indiana Recorders Association Annual Conference*

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, & Zip  
Code: \_\_\_\_\_

Telephone & Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_

Contact Name &  
Address: \_\_\_\_\_

City, State, & Zip  
Code: \_\_\_\_\_

Telephone, Cell  
Phone, Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Send Information to: Company  or Contact Person

**Mail to: Indiana Recorders Association**  
**C/O Allen Co. Recorder**  
**Anita Mather**  
**1 E Main Street**  
**Fort Wayne, Indiana 46602**

**Telephone: 260-449-7391**  
**Email: [anita.mather@allencounty.us](mailto:anita.mather@allencounty.us)**