

Please complete the Membership Information Form below and return it to the ITA

Trustee Office Information

Township: _____

County: _____

Email: _____
(Email needed to be able to sign on website)

Phone: _____

Alternate Phone: _____

Fax: _____

First: _____ M.I. _____

Last: _____

Address 1: _____

Address 2: _____

City: _____

Zip: _____

Website: _____

Hours of Operation: _____

Date Started: _____

Democrat: _____ Republican: _____

Senator: _____

Rep: _____

Preferred 1st Name on Name Tag: _____

1st Board Member Information

First: _____ M.I.: _____

Last: _____

Email: _____
(Email needed to be able to sign on website)

Phone: _____

Street: _____

City: _____

Zip: _____ Democrat: _____ Republican: _____

Date started: _____

Preferred 1st Name on Name Tag: _____

2nd Board Member Information

First: _____ M.I. _____

Last: _____

Email: _____
(Email needed to be able to sign on to website)

Phone: _____

Street: _____

City: _____

Zip: _____ Democrat: _____ Republican: _____

Date started: _____

Preferred 1st Name on Name Tag: _____

3rd Board Member Information

First: _____ M.I. _____

Last: _____

Email: _____
(Email needed to be able to sign on to website)

Phone: _____

Street: _____

City: _____

Zip: _____ Democrat: _____ Republican: _____

Date started: _____

Preferred 1st Name on Name Tag: _____