

# Indiana NORML Membership Application

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please fill out and mail this form with a check for \$25 annual membership fee to:

Indiana NORML , 3601 N. Pennsylvania Street , Indianapolis, IN 46205