

Iowa Mortgage Association

8901 Northpark Dr., PO Box 6200, Johnston, IA 50131 Ph. 800-987-7365 • Fax. 515-280-4140 www.iowama.org

2025 MEMBERSHIP APPLICATION FORM

Membership Type: Corporate - \$400	Associate - \$200	vidual - \$100
Company Name:		
Address:		
City: State:	Zip:	
Phone:	Fax:	
Main Contact: ————————————————————————————————————	E-Mail	
Iowa Mortgage Association 2025 Membership I	Dues Payment processing:	
Total Amount \$		
☐ Check Enclosed(Checks should be made payable to the Iowa Mortgage A Please fill out completely for credit card transaction☐ Visa		☐ American Express
Name (as it appears on the card)		
Billing Address for card		Billing Phone No.
Card Number	Expiration Date (Month/Year)	Sec. Code (3-digit)
Signature	E-mail Address	
Note: "Dues payments, contributions or gifts to lowa Mortgage A However, they may be deductible as ordinary and necessary bu lobbying activities as defined by the Budget Reconciliation Act o - the portion that is allocable to lobbying 21.7%."	siness expenses subject to restrictions impo-	sed as a result of Iowa Mortgage Association's
Employees: (Corporate and associate members may list a IMA database and receive correspondence from the associate members may list and the second s		

Employee and Office Locations:

Employees: (Corporate and associate members may list any staff members that you would like to appear in the 2025 IMA database and receive correspondence from the association. Please use additional sheets if necessary.)

City:	State: _		Zip:
Phone:		Fax:	
Employees		E-Mail Address	Title
Employee and Office Location Employees: (Corporate and ass MA database and receive corres Additional Office Address:	ociate members may list an spondence from the associ	ation. Please use ac	hat you would like to appear in the 2025 dditional sheets if necessary.)
City:			Zip:
Phone:		Fax:	
Employees		E-Mail Address	Title
Employees: (Corporate and ass MA database and receive corres	ociate members may list a		nat you would like to appear in the 2025 dditional sheets if necessary.)
Employees: (Corporate and ass MA database and receive correst Additional Office Address:	ociate members may list an spondence from the associ	ation. Please use ac	
Employees: (Corporate and ass MA database and receive corresed Additional Office Address: City:	ociate members may list an spondence from the associ	ation. Please use ad	dditional sheets if necessary.) Zip:
Employees: (Corporate and ass MA database and receive correse Additional Office Address: City: Phone:	ociate members may list an spondence from the associ	ation. Please use ad	dditional sheets if necessary.)
IMA database and receive corres Additional Office Address: City:	ociate members may list an spondence from the associ	ation. Please use ad	dditional sheets if necessary.) Zip: