



***International Municipal Lawyers Association & City Attorneys Association of Kansas
“IMLA LITE” Membership Application***

I/we hereby apply for participation in the IMLA LITE Membership program. I/we understand that participation in this program entitles the undersigned attorney and designated employees/officials of the municipality to participate as a member in selected IMLA programs. To be eligible for participation, the attorney must maintain membership in good standing of the *City Attorneys Association of Kansas* and represent the municipality as general legal counsel. The municipality must have a population of fewer than 2,500 inhabitants.

Municipality Information:

Name of Municipality: _____

Name of Chief Executive or Elected Official: _____

Title: _____

Population at most recent determination: _____

Attorney Information:

Name: _____

Firm: _____

Address: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

I/We hereby certify the information listed is true and correct to the best of our knowledge and belief.

Municipal Attorney

Municipality Representative (Signature Optional)

_____ Date: _____

_____ Date: _____