

JIAMC 2025 Membership Application

Name:

Affiliation/Business:

Email:

Phone:

Address:

City:

State:

ZIP Code:

If you are unable to attend a Council event, a designated alternate may attend in your place. Please provide contact information for your alternate(s) below.

Alternate 1 Name:

Email:

Phone:

Alternate 2 Name:

Email:

Phone:

The information you provide is for Council use only. If you would like to make your contact information available for other Council members for networking purposes, please initial below.

☐ The JIAMC Board has permission to share my contact information with other JIAMC members.

JIAMC Annual Membership Dues - Please place an X next to one of the options below.

☐ \$175- Annual membership paid with cash or check

☐ \$185- Annual membership paid with credit card

JIAMC Monthly Lunch Sponsorship- If applicable, please place an X next to one of the options below.

☐ \$200- Monthly sponsorship paid with cash or check

☐ \$210- Monthly sponsorship paid with credit card

Please specify your first and second choice Sponsorship month below.

1)

2)

Total amount paid (please total selected items):

\$

Please make checks payable to:
Christina McLaughlin
521 Airport Center Dr, JAX 32218

Credit card payments may be made via the JIAMC website, or in person at a JIAMC monthly luncheon.

JIAMCinfo@gmail.com

www.jiamc.com

PO Box 26863, Jacksonville, FL 32226