

CIOA Membership Form



Name: _____

Email address: _____

* Please provide a valid email address it is our only source of contact for you and will only be used for conducting CIOA business.

Utility / Business represented: _____

Position Held / Title: _____

Certification: Class _____ Number _____

Class _____ Number _____

OPERATOR MEMBERSHIP DUES \$20.00

ASSOCIATE MEMBERSHIP DUES \$25.00

This covers all expenses for the year.

MAIL APPLICATIONS & CHECK PAYABLE TO

Central Indiana Operators Association

PO Box 401

Danville, IN 46122

You can also bring it with you to a meeting.

To request an invoice for your utility please email
cioasecretary@hotmail.com