



Application for ICF Annual Membership

Please complete the form and along with the check made payable to ICF and hand over to an ICF representative or executive team member.

Note: Memberships are tax-deductible to the extent allowed by law.

Your Full Name _____

Spouse Full Name _____

Children Names:

Address _____

_____ Zip _____

Date _____

New _____ Renewal _____ Membership # _____

Telephone (day) _____ (eve) _____

E-mail (Print clearly) _____

Profession/occupation _____

Categories of membership:

Family/Individual	\$25.00
Life member	\$1000.00

Check # _____ Cash _____

Include in ICF Directory: YES _____ NO _____ (Default "YES", unless marked NO)