



2010 APPLICATION FOR MEMBERSHIP

COMPANY NAME: _____

STREET ADDRESS: _____

P.O. BOX # _____ CITY: _____ STATE: _____ ZIP + 4: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

TYPE OF BUSINESS: _____

CLASSIFICATION: PRODUCER _____ ASSOCIATE _____

NAMES & TITLES OF PERSONS WHO WILL REPRESENT THE COMPANY IN ICAPA AFFAIRS:

PLEASE INDICATE WHICH ICAPA COMMITTEES YOU WOULD LIKE TO SERVE ON:

PROMOTION _____ MEMBERSHIP _____ EDUCATION _____

LEGISLATIVE _____ CONVENTION/MEETING PLANNING _____ ENVIRONMENTAL _____

DO YOU HAVE BRANCH OFFICES THAT ARE INTERESTED IN ICAPA MEMBERSHIP?

IF YES, COMPANY NAME: _____

ADDRESS: _____

CHECK TOTAL AMOUNT OF ANNUAL DUES:

- _____ \$250.00 - 0 to 15 employees for PRODUCER MEMBER
- _____ \$350.00 - 16 to 30 employees for PRODUCER MEMBER
- _____ \$450.00 - 31 + employees for PRODUCER MEMBER
- _____ \$200.00 - for ASSOCIATE MEMBERS

TOTAL AMOUNT ENCLOSED: \$ _____

DATE: _____ AUTHORIZED SIGNATURE: _____