

# ICAC

international certification  
accreditation council



## Membership Application

Choose a membership method.

New Member

Renewal

Organizational Information:

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Providence/State \_\_\_\_\_ Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

URL: \_\_\_\_\_

Organizational Contact Information:

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_

Does your organization have an existing credentialing program? Y/N \_\_\_\_\_

Does your organization plan to implement one? Y/N \_\_\_\_\_

If so, approximate timeframe \_\_\_\_\_

Annual Membership Fee: \$200.00 US Dollars

Payment Information:

Check                       Money Order                       Credit Card

Credit Card Information-

Type:

Master Card                       Visa                       Discover                       American Express

Card Number:

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Expiration Date: \_\_\_\_\_

CID Number: \_\_\_\_\_(located on back of card)

We will send your membership package as soon as we receive your completed application and payment.

Please send/ e - mail application to:  
International Certification Accreditation Council  
5 Depot Street, Greencastle IN 46135

For more information visit [www.icacnet.org](http://www.icacnet.org) or  
contact us at (740) 252-6038  
or e-mail [icac@icacnet.org](mailto:icac@icacnet.org)