



Application for Membership

Name: _____

Title: _____

Center or Business Name: _____

Address: _____

City, State, ZIP: _____

Office Telephone: _____ Office FAX: _____

Office E-Mail: _____ Other E-Mail: _____

Web Site: _____

Center or Business Description: _____

Please tell us how you heard about IACCA: _____

Type of Membership:	_____ Executive	\$245
	_____ Associate	\$95
	_____ Business Associate	\$245
	_____ Student	\$25
	_____ Affiliate	\$70

_____ Check or money order enclosed. Please make your check out to IACCA.

_____ Credit Card (VISA or MasterCard only): Name on Card _____

Card # _____ Expiration Date _____

Signature (required for credit card payment) _____

Mail to: IACCA
1270 N. Wickham Road, Suite 16-111
Melbourne, FL 32935

(If using a credit card, you may FAX your application to IACCA at (772) 562-4017)