



Application for IACCA 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 Member and up to 3 Associate Members: \$470
- _____ Executive Member and up to 2 Associate Members: \$395
- _____ Executive Member: \$245
- _____ Associate Member: \$95 (for additional members from a center who already has an executive member)
- _____ Business: \$245 (for professional, business, and consulting organizations interested in the non-profit center industry)
- _____ Business Associate: \$95 (for additional employees from businesses who already have a member)
- _____ Affiliate: \$70 (for those not actively employed in the field at the moment but wishing to retain an association with IACCA)

Mail to: Mary Quinn/6832 Milan Drive/Lincoln, NE 68526 ; or **FAX to:** 866.525.4760; or **email** MQuinn@iacca.org

An invoice will be sent to you with payment choices of check, credit card, PayPal, or online using our website.