

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 organization plan to implement one? 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: _____

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/fax application to:
International Certification Accreditation Council
5 Depot Street
Greencastle, IN 46135
Fax: 765.653.4287**

*For more information visit www.icacnet.org or
contact us at 800.288.3824 or e-mail icac@icacnet.org.*