

# ICML Membership Application Form



To apply for membership in ICML, please complete this form and submit it via fax to 918-259-0177 or email [admin@lubecouncil.org](mailto:admin@lubecouncil.org)

## Individual Membership

Dues are US\$60.00 per year, per individual. For a limited time, a discount of 50 percent on the first year's membership dues is available. Employees of Sustaining Member companies receive 25 percent discount on membership.

## Sustaining Membership

A sustaining member is a company or organization that sponsors ICML through a donation. Basic sustaining membership in ICML costs \$2,000 annually. If your company supplies one or more ICML committee members during the course of a year or sponsors an exam venue, you are entitled to sustaining membership at a discounted rate of \$1,000 per year.

Type of Membership:  Individual  Sustaining

Mr.  Mrs.  Ms.  Dr.

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

Company: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred address for correspondence:  Work  Home

Payment Information:  Credit Card  Check  Wire Transfer (Wire transfer fees are the customer's responsibility.)

Credit Card:  Visa  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_ (month/year) Card Verification Value (CVV): \_\_\_\_\_ (3 or 4 digit code on the back of your credit card)

Name on the card: \_\_\_\_\_

Address where monthly statement for the card above is mailed: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_