

# VENDOR MEMBERSHIP APPLICATION

COMPANY NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

FEDERAL TAX ID /BUSINESS NO.: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

LIST YOUR PRODUCTS AND SERVICES: \_\_\_\_\_

\_\_\_\_\_

LIST OTHER ASSOCIATION MEMBERSHIPS: \_\_\_\_\_

\_\_\_\_\_



ANNUAL MEMBERSHIP DUES: \$350.00 U.S.

Please make checks or money orders payable to: **ICA Vendor Membership**

Mail: 1200 17th Street NW

Washington, DC 20036

Fax: 202.973.5371

Credit Card Payment:      Y Visa      Y Master Card      Y American Express

Card Members Name (as it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_