



## 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**

1200 17th Street NW  
Washington, DC 20036  
Fax: 202.973.5371  
phone: 888.604.5844  
website: [www.icacater.org](http://www.icacater.org)  
email: [cemerson@dineout.org](mailto:cemerson@dineout.org)

Credit Card Payment: \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express

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

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

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