

ICP&P Membership Application Form

Identifying Information:

Name: _____ Date: _____

Home Address: _____

Home City: _____ State: _____ Zip: _____

Home Phone: _____ Home Fax: _____

Email Address: _____

Office Address: _____

Office City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Occupation: _____

Do you prefer to receive correspondence at your: office _____ home _____

Membership Information Materials:

Please enclose the following materials to complete the membership information form.

Full Member & Beginning Professional:

Checklist:

- Full Member Dues \$350 (September through August) _____
or
- Beginning Professional Dues \$150 (Sept. through Aug.) _____
(please make check payable to ICP&P)
- Copy of CV _____
- Copy of License _____
- Copy of Proof of Malpractice Insurance _____

Student Member:

Checklist:

- Dues \$90 (September through August) _____
(payable to ICP&P)
- Proof of Student Status _____
- Copy of CV _____

Member-In-Training:

Please fill out the enclosed training application (include a \$50 application fee payable to ICP&P).