

**ICMC MEMBERSHIP APPLICATION 2018**

**APPLICANT INFORMATION**

**APPLICATION TYPE:**                      **NEW**                                      **RENEWAL**                                      **INFORMATION UPDATE**

Name:

Address:

City:	State:	ZIP Code:
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Home Phone	Cell Phone:	Marital Status:
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**FAMILY MEMBERS IF MEMBERSHIP PRIVILEGES DESIRED**

First Name:	Last Name:	Age:	Relationship:	

**PAYMENTS**

**Membership Type:**              Single \$50/year                      Family \$100/year

<b>Bank Name:</b>	<b>Acct Type: Checking Savings</b>	<b>Start Date:</b>
<b>Name(s) on the account:</b>	<b>Account Number:</b>	<b>Account Number:</b>
<b>Credit Card #:</b>	<b>Exp Date:</b>	<b>Security Code:</b>
<b>Name on Card:</b>		

**ICMC OFFICIAL USE ONLY**

<b>Received Amount:</b>	<b>Check No.:</b>	<b>Membership Starting Date:</b>	<b>Member Assigned ID:</b>
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**Approved by:** \_\_\_\_\_

**Please return filled out form to [election@icmcnj.com](mailto:election@icmcnj.com) by January 18<sup>th</sup>, 2018**

**If you have contributed \$500 or more to ICMC in the past year, you are eligible for a membership fee waiver. Please return this form with proof of contribution to be verified**