

CORPORATE 5 - 7 IACC MEMBERSHIP APPLICATION

CORPORATE INFORMATION

Business Name:

Website:

Business Phone:

Business Address:

City:

State:

ZIP Code:

MEMBERSHIP TYPE

MEMBERSHIPS ARE FOR THE CALENDAR YEAR.

IACC MEMBERSHIPS ARE NOT TRANSFERABLE

MEMBERSHIP WILL BE PROCESSED AT THE NEXT IACC BOARD MEETING. YOU WILL BE NOTIFIED BY EMAIL AS THIS PROCESS COMPLETES. If for some reason your application is declined, any money paid will be refunded in full.

Type: (Mark One) New Membership Renewal Membership

Membership Fee: **\$200.00 USD**

Referred by:

Early Bird Membership Fee: **\$175.00 USD**
(October – December)

PAYMENT

Mail payment to: **IACC PO Box 11575 San Bernardino, CA 92423**

Pay Online at: www.iaccsocal.org

Check #

Date:

Transaction / Confirmation #

Date:

**MAKE CHECKS PAYABLE TO:
INLAND ASSOCIATION FOR CONTINUITY OF CARE**

APPLICANT #1 INFORMATION

Name:

Job Title:

Mobile Phone:

Email:

EMAIL OPT IN / OPT OUT

I agree to receive IACC emails containing news, updates, flyers and promotions regarding IACC events. I may withdraw my consent at any time.

I do not wish to receive IACC emails.

SIGNATURE

Signature of applicant #1:

Date:

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APPLICANT #2 INFORMATION

Name:

Job Title:

Mobile Phone:

Email:

EMAIL OPT IN / OPT OUT

I agree to receive IACC emails containing news, updates, flyers and promotions regarding IACC events. I may withdraw my consent at any time.

I do not wish to receive IACC emails.

SIGNATURE

Signature of applicant #2:

Date:

APPLICANT #3 INFORMATION

Name:

Job Title

Mobile Phone:

Email:

EMAIL OPT IN / OPT OUT

I agree to receive IACC emails containing news, updates, flyers and promotions regarding IACC events. I may withdraw my consent at any time.

I do not wish to receive IACC emails.

SIGNATURE

Signature of applicant #3:

Date:

APPLICANT #4 INFORMATION

Name:

Job Title

Mobile Phone:

Email:

EMAIL OPT IN / OPT OUT

I agree to receive IACC emails containing news, updates, flyers and promotions regarding IACC events. I may withdraw my consent at any time.

I do not wish to receive IACC emails.

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SIGNATURE

Signature of applicant #4:

Date:

APPLICANT #5 INFORMATION

Name:

Job Title

Mobile Phone:

Email:

EMAIL OPT IN / OPT OUT

I agree to receive IACC emails containing news, updates, flyers and promotions regarding IACC events. I may withdraw my consent at any time.

I do not wish to receive IACC emails.

SIGNATURE

Signature of applicant #5:

Date:

APPLICANT #6 INFORMATION

Name:

Job Title

Mobile Phone:

Email:

EMAIL OPT IN / OPT OUT

I agree to receive IACC emails containing news, updates, flyers and promotions regarding IACC events. I may withdraw my consent at any time.

I do not wish to receive IACC emails.

SIGNATURE

Signature of applicant #6:

Date:

APPLICANT #7 INFORMATION

Name:

Job Title

Mobile Phone:

Email:

EMAIL OPT IN / OPT OUT

I agree to receive IACC emails containing news, updates, flyers and promotions regarding IACC events. I may withdraw my consent at any time.

I do not wish to receive IACC emails.

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SIGNATURE

Signature of applicant #7:

Date:

IACC USE ONLY

Date application received:

Membership Year:

Date application presented to the board:

Email sent On:

_____ **APPROVED** _____ **DECLINED**