

INDIVIDUAL IACC MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Employer:

Mobile Phone:

Employer address:

City:

State:

ZIP Code:

Job Title:

Email:

MEMBERSHIP TYPE

MEMBERSHIPS ARE FOR THE CALENDAR YEAR. INDIVIDUAL 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: (A Uf_ One)

New Membership

Renewal Membership

Membership Fee: **\$40.00 USD**

Referred by:

Early Bird Membership Fee: **\$35.00 USD**
(October – December)

EMAIL OPT IN / OPT OUT

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

I do not wish to receive IACC emails.

SIGNATURE

Signature of applicant:

Date:

PAYMENT

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

Pay Online at: www.iaccsocial.org

Check #

Date:

Transaction / Confirmation #

Date:

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

IACC USE ONLY

Date application received:

Membership Year:

Date application presented to the board:

Email sent On:

APPROVED **DECLINED**