



ICSA MEMBERSHIP FORM

Please Complete & Mail to:
504 Cedar Avenue South, Minneapolis, MN 55454
Tel: (612) 339-2625 Fax: (612) 338-3620

Please Print Clearly

Name: _____ Spouse Name: _____

Address: _____ Apt/Ste: _____

City: _____ St./ Prov.: _____ Zipcode: _____

Phone: () _____ Fax: () _____

Profession: _____ Education: _____

E-Mail: _____ Web: _____

Membership Fees (Per Year or Per Month):

Student: \$15/m or \$180/yr Individual: \$20/m or \$240/yr Husband & Wife: \$30/m or \$360/yr

Life Membership Fees: Individual: \$2,000 Husband & Wife: \$3,000

Method of Payment: Check _____ Cash _____

Credit Card Number: _____

Expiration Date: _____ Actual Name on Card: _____

Routing #: _____ Account #: _____ Check #: _____

Signature: _____ Date: _____

For Office Use Only

Form Received on: _____ Membership Processed _____

Membership kit sent on: _____ By: _____