

# ICPA Membership Form

Please send completed form and money to:

**Sarah Furr**  
**1459 E. 1525 N. Road**  
**Shelbyville, IL 62565**

Please fill out the following information and send money (make checks payable to the ICPA) to the address above. Each individual needs to complete a form each year to be eligible for the ICPA and must have paid their membership dues to be eligible for points.

Name \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Age (as of Jan 1<sup>st</sup> of this year) \_\_\_\_\_ Birth date \_\_\_\_\_

Check one: Lifetime Membership \$175 \_\_\_\_\_ Annual Membership \$30 \_\_\_\_\_  
Paid Lifetime Member \_\_\_\_\_

T-shirt Size (indicate small, medium, large, youth, or adult) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

-All information gathered is confidential and will not be retransmitted without written consent.

-If over 18, parent/guardian signature is not required.