

## ICPA Membership Form

Please Send completed form and money to:  
Alison Armstrong  
RR1 Box 38  
Laprairie, Il 62346

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 to be eligible for the ICPA and must have paid their membership dues to be eligible for points.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ 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 \_\_\_\_\_

T-Shirt Size (Indicate small, medium, large, and youth or adult) \_\_\_\_\_

Social Security #: (Required to receive money from ICPA) \_\_\_\_\_

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

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

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