

ICAA Annual Membership Form

Clip and mail with fees to: ICAA, P.O. Box 99, Shipshewana IN 46565

I am a NEW MEMBER

I need to RENEW my membership for 2009

ICAA Membership # _____

Type of Membership: Individual Member (\$15) (Family and Youth memberships are no longer set apart.)

PLEASE PRINT!

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Web Site URL: _____

ICAA Annual Membership Form

Clip and mail with fees to: ICAA, P.O. Box 99, Shipshewana IN 46565

I am a NEW MEMBER

I need to RENEW my membership for 2009

ICAA Membership # _____

Type of Membership: Individual Member (\$15) (Family and Youth memberships are no longer set apart.)

PLEASE PRINT!

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Web Site URL: _____