ICISF TEAM MEMBERSHIP APPLICATION

Please Print Neatly to Avoid Data Entry Errors

Two Year Team Membership Rate - $260.00 for up to 20 members, $10.00 for each member over 20.

****A team update form must accompany the team membership application. ****

Your Team Information must be updated in the ICISF Team database to utilize this application.

To update your Team information contact **hotline@icisf.org**

Team Name: _____

ICISF Team Number _____

Team Coordinator: _____

Team Clinical Director: _____

Number of Current Team Members: _____

Address: _____

City, State, Zip/Postal Code: _____ Country: _____

Email Address: _____

Daytime Phone: _____

___ YES, ICISF may email me membership renewal notices & LN Newsletters

Evening Phone: _____

___ YES, I would like to receive email updates from ICISF.

***This membership is optional and voluntary*. By completing this application our team is applying for team membership in ICISF and do hereby attest that the facts contained herein are accurate and that I adhere to the professional standards/ethics of my profession. I further understand that membership in ICISF is in no way an endorsement of competency, nor an endorsement to practice.**

Signature: _____

Payment Information

All checks should be payable to ICISF. Checks must be in US funds & drawn from a US bank. Returned checks are subject to a $20.00 check fee. If paying by credit card, please use one of the options listed below.

Method of Payment (Please check one):

_____ Check; Check #: _____ *(include with team membership application and update form)*

_____ Master Card

_____ American Express

_____ Visa

_____ Discover

For Credit Card Payment:

Name as it appears on card: _____

Card #: _____

Exp. Date: _____/_____

CVV Code: _____

I, the undersigned, agree to have my credit card charged by ICISF by the total amount listed on the application

Signature: _____

Please Mail Completed Form To:
ICISF, Inc.
Attn: Michelle Parks
3290 Pine Orchard, Suite 106
Ellicott City, MD 21042

Fax To: (410) 750-9601

Questions?

Please address any questions regarding ICISF membership to:
Michelle Parks at (410) 750-9600, ext.108 or mparks@icisf.org

ICISF Team Membership Roster

First Name	Last Name	Email Address