

## 2012 Application for Associate Membership

A business or individual must complete this application and be approved for membership by the IACP Board of Directors before the agency may participate as an Associate Member of the Iowa Association of Community Providers.



Business Name \_\_\_\_\_  
Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Website \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Primary Contact \_\_\_\_\_ Title \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Additional Contact \_\_\_\_\_ Title \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Person completing the application.)*

### Dues Calculation

Associate Member Dues \_\_\_\_\_ **\$500.00**  
Application Fee of \$100 *(Required for new associate members only.)* \_\_\_\_\_  
**Total IACP Dues Payment:** \_\_\_\_\_

### Method of Payment

\_\_\_\_ **Paying by Check:** Check # \_\_\_\_\_ *(Payable to Iowa Association of Community Providers; Fed. ID: 42-1048282)*  
\_\_\_\_ **Paying by Credit Card:** *(Check One)* \_\_\_\_ VISA \_\_\_\_ Mastercard  
Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_  
Cardholder's Name: \_\_\_\_\_ Cardholder's Email: \_\_\_\_\_  
Credit Card Billing Street Address: \_\_\_\_\_  
Credit Card Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cardholder's Signature: \_\_\_\_\_

**DUES DEADLINE: February 24, 2012. Form can be completed online at: [www.iowaproviders.org](http://www.iowaproviders.org)**

**If paying by check, print and sign, then mail to: IACP, 7025 Hickman Road; Suite 5, Urbandale, Iowa 50322**  
**If paying by credit card, print and sign, then fax to: (515) 270-1035**

### For IACP Use Only

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Annual Dues: \_\_\_\_\_  
Payment Type: \_\_\_\_\_ Check # \_\_\_\_\_  
\_\_\_\_\_ Credit Card # \_\_\_\_\_  
Credit Card Type: \_\_\_\_ VISA \_\_\_\_ Mastercard