



Application for ICG Membership

The International Coalition for Good Health and Good Friends

“With All the People”

- Membership to ICG is open to all who support and agree to its purpose and mission statements regardless of race, religion, sex, and nationality.
 - To become a member, the application must be submitted, and dues must be paid.
 - Membership dues: 3 years (\$27), Lifetime (\$195)
- Make checks payable to: *“International Coalition for Good Health and Good Friends”*

Paid by: Cash Check Money Order

Credit Card: Visa MC AMEX Discover

Card No: _____ Exp date: _____

Name (as it appears on the card): _____

Applicant Information

Full Name: _____

Last
First
M.I.

Address: _____

Street Address
City
State
ZIP Code

Phone: (_____) _____ Email _____

Country Code
Used as the main method of communication

Gender: M F Nationality: _____ Date of Birth: ____/____/____ Age: ____

MM
DD
YYYY

Profession: _____

Tell us who you are (Write in your language: _____)

Disclaimer and Signature

*I certify that the answers provided in this application and the evidence submitted is all true and correct.
 Further I pledge to comply with the rules and guidelines set by ICG.*

Name (Print): _____

Signature: _____ Date: _____