



Northwest Washington Chapter of ICC **NWCICC.ORG**



2020 MEMBERSHIP APPLICATION

Membership Renewal

New Membership Application

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Jurisdiction / Company Name: _____

Phone: _____ *E-MAIL: _____

*This is very important. Chapter information is sent by e-mail

Dues Schedule: Active = City/County/State/Federal Agencies
 Associate = All others

Membership dues are for *individual members* within a company or jurisdiction and go toward continuing to provide free and low cost training.

ACTIVE MEMBER = \$25.00 / YR ASSOCIATE MEMBER = \$25.00 / YR

Please make checks payable to: NWCICC (Northwest Washington Chapter of I.C.C.)

REMIT TO: **Attn: Jessica Lether**
 NWCICC/Membership
 806 W Main St
 Monroe WA 98272

Space below is for Chapter use only.

DATE RECEIVED: _____ AMOUNT PAID: _____ CHECK NO: _____

RECEIPT NO. _____ RECEIPT DATE: _____