



**Insulating
Concrete
Form
Association**

2010 MEMBERSHIP APPLICATION

1298 Cronson Blvd., Suite 201, Crofton, MD 21114

Telephone: 410-451-0825 — Fax: 410-451-8343

Toll-Free 888-864-4232 — www.forms.org

ICF System Member: Manufacturers and marketers of brand name Insulating Concrete Form systems in North America. Dues are based on ICF product volume as self-reported in the semi-annual Shipment Report.

Sustaining Member: Associate, Contractor, Distributor, or Professional Members that voluntarily pay higher dues to provide additional support for ICFA's industry initiatives. Sustaining Members receive priority in ICFA Expo Booth and Sponsorship choices, reduced advertising costs, additional website listings, and other benefits.

	Annual ICF Related Business	Annual Dues
<input type="checkbox"/>	\$0- \$10,000,000	\$2,500
<input type="checkbox"/>	\$10,000,001 +	\$5,000

Associate Member: Material suppliers, such as EPS bead, chemical and cement producers, mold makers, foam molders, manufacturers and national distributors of equipment, materials, accessories, supplies, information and services to the ICF industry, including national industry or professional associations.

	Annual ICF Related Business	Annual Dues
<input type="checkbox"/>	\$0- \$1,000,000	\$500
<input type="checkbox"/>	\$1,000,001 - \$2,500,000	\$1,000
<input type="checkbox"/>	\$2,500,001 - \$5,000,000	\$1,500
<input type="checkbox"/>	\$5,000,001 - \$10,000,000	\$2,000
<input type="checkbox"/>	\$10,000,001 +	\$3,000

Contractor Member **Residential** **Commercial:** Companies that install Insulated Concrete Forms, operate as General Contractors that build ICF structures, or sub-contractors who do ICF-related work.

Distributor Member: Companies that distribute Insulated Concrete Forms, distribute ICF-related equipment, materials, accessories and supplies, and/or provide Ready-Mix Concrete in a local or regional market.

Professional Member: Individuals and organizations involved with Insulated Concrete Forms in architecture, design, engineering, building codes, government, trade publications, consulting or research, real estate sales, development or management, and state, provincial or local industry or professional associations.

	Annual ICF Related Business	Annual Dues
<input type="checkbox"/>	\$0- \$1,000,000	\$250
<input type="checkbox"/>	\$1,000,001 - \$2,500,000	\$500
<input type="checkbox"/>	\$2,500,001 - \$5,000,000	\$750
<input type="checkbox"/>	\$5,000,001 - \$10,000,000	\$1,000
<input type="checkbox"/>	\$10,000,001 +	\$1,500

(Please PRINT or TYPE information exactly as you wish it to appear on ICFA's website directory)

Company Name: _____

Primary Contact: _____ Title: _____

Business Address: _____

City: _____ State/Province: _____ ZIP/Post Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Mailing Information: **Same as Business Address-Above** **Use Mailing Address-Below**

Mailing Address: _____

City: _____ State/Province: _____ ZIP/Post Code: _____

ICFA RESERVES THE RIGHT TO RE-ASSIGN ANY APPLICANT OR MEMBER TO THE CORRECT MEMBERSHIP CATEGORY AND TO ADJUST ITS DUES BILLING TO THE APPROPRIATE AMOUNT

ICFA dues may be deductible as professional or business expenses, to the extent allowable by law. Dues and other payments to ICFA are not deductible as charitable contributions for US Federal income tax.

ICFA Website "Members Only" Log-on Information: (minimum 6 characters each)

Username (email): _____ Password: _____

Description of company business as it should appear in ICFA listings: (maximum 100 words)

Sponsoring Member: _____

Membership Dues (from page 1)	@ \$
TOTAL	\$

Make Checks & Money Orders in US Dollars payable to **Insulating Concrete Form Association**

or **charge to:** **American Express** **Discover** **MasterCard** **Visa**

Name on Card:			
Card Number:			
Expiration Date:		Signature:	

Mail, Fax or Email Completed Membership Form and Payment To:

ICFA, 1298 Cronson Blvd., Suite #201, Crofton, MD 21114 Fax: 410-451-8343 Email: info@forms.org

By signing this document you certify that all statements on this application are correct.

Signature of Applicant **Company** **Date**