

Governmenta	al Membership	Reinstatement Applicati	ion PL	EASE PRINT ALL	INFORMATION CLEARLY
Previous Member	Number:				
Select Membership	o for which you are app	olying:			
Up to 50,000	One-Year \$170	Two-Year Discount \$285	Three-Year Disco	ount \$405	
50,000-150,000	One-Year \$310	Two-Year Discount \$520	Three-Year Disco	ount \$735	
150,000+	One-Year \$470	Two-Year Discount \$795	Three-Year Disco	ount \$1,125	
JURISDICTION				SALES TAX I	EXEMPT? See below <sup>3</sup>
DEPARTMENT/AGENCY					
SHIPPING ADDRESS					
CITY					
STATE/PROVINCE		ZIP/POSTAL CODE	COUNTRY		
BILLING ADDRESS (IF DI	FFERENT)				
CITY					
STATE/PROVINCE		ZIP/POSTAL CODE	COUNTRY		
		ebsite, together with a separate notice of a would like to receive information about lo		es via email:	
NAME		EMAIL			
TITLE		PHONE	EXT.		FAX
Signature of author	rity having jurisdiction:				
SIGNATURE					DATE
Credit card payments r	nust be completed online on <b>HECK (Payable to Interna</b>	dues must be prepaid. Complete and pri or by telephone at www.iccsafe.org/memb ational Code Council) MONEY ORDI Yes: If yes, a copy of your tax exemp	bership or 888-ICC-SAFE ER	E (888-422-7233	
	-				
		ication, along with a check or money orde icago IL 60673-1254. <b>Credit card paymen</b>			

www.iccsafe.org/membership/join-icc. Questions? Contact us at members@iccsafe.org or 888-ICC-SAFE (888-422-7233) ext 33804.