

## ICHCC Executive Office

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## Association of Certified Life Care Planners (A-CLCP) Membership Application Form

Share your information exactly as you would like your A-CLCP Listing posted on the ICHCC website

Name:
Company Name:
(optional)
Complete Address:
Phone: OfficeCell
Email Address:
CLCP or CCLCP Certificate Number:
Mark Membership Level you are applying for:
Executive Yearly Membership: \$300
Retirement Yearly Membership: \$150

You may mail, email or fax your A-CLCP application. Mailing address is below.

Email: ichcc1@gmail.com Fax: 1-804-378-7267

Make checks payable to ICHCC with A-CLCP in the memo line or pay on the ICHCC.org website by choosing the Shopping Cart icon in the top right-hand corner of the page and then choosing the A-CLCP Membership and Training category.

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