



Associate Membership Application

Please complete all fields.

Payment is due with application.

Submit to:
ICAC
3601 Vincennes Road
Indianapolis, IN 46268
Fax: (317) 879-8408

Company _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone _____ Fax _____ Website _____

Main Correspondent _____

Title _____ Email _____

Company President/CEO (if different from above) _____ Email _____

Membership type desired:

- Public/Government – no charge: fire services, law enforcement, federal agencies, etc.
- Industry - \$200: cause and origin services, labs, private arson investigators, etc.
- Law Firm - \$350

Description of company services (attach supplemental sheet if necessary) _____

Why have you chosen to join ICAC? _____

ICAC Member Company Reference (required for Industry and Law Firm applicants)

Company Name _____

Contact Person _____

Phone _____ Email _____

Other associations to which your company belongs:

- International Association of Arson Investigators (IAAI)
 - National Fire Protection Association (NFPA)
 - International Association of Special Investigative Units (IASIU)
 - Coalition Against Insurance Fraud (CAIF)
 - Other: _____
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Contribution or gifts to ICAC are not tax deductible as charitable contributions for federal income tax purposes. However, dues payments to ICAC are deductible by members as an ordinary and necessary business expense.

Enclosed is Check # _____ payable to ICAC. (In US Dollars)

We hereby apply for membership in the Insurance Committee for Arson Control (ICAC).

Signed _____ Title _____ Date _____