

Mail to :

14027 Memorial Drive STE #394
Houston, TX 77079

Membership Form 20_____

New _____ Renewal _____

Dues: \$40.00

Office Use	Date Rec'd _____
Date Payment Rec'd _____	
Method of Payment _____	
Receipt # _____	
Date Added to CC _____	
Added to WS _____	
Username _____	
Password _____	
Welcome Email Sent _____	

First Name _____

Last Name _____

Email _____

Home Phone _____

Cell Phone _____

Address _____

City _____ State _____

Zip Code _____ Nationality _____

I heard about ICH from: Friend _____ Internet _____

Other: _____

I understand that ICH may use photos or videos that may include me.

All representations will be anonymous on the public side of the ICH's website and on social media sites, e.g. Facebook.

I agree not to use the ICH Directory to promote a business (mine or any others).

Date _____

Signature _____