

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 of which will remain 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 _____