



Alumni Membership Application

Supplier Member: Affiliate *(North America)*

136 Summit Avenue • Montvale, NJ 07645-1720 USA • Phone: 201-573-9770 / Fax: 201-573-9771

E-mail: ici@investmentcasting.org / www.investmentcasting.org

Previous Affiliation Company Name:
Address:
City, State/Providence:
Country, Zip/Postal Code:
<u>CONTACT INFORMATION</u>
Name:
Address:
City, State/Providence:
Country, Zip/Postal Code:
Phone:
E-mail:
Are You Currently Retired? Yes___ No___

Please supply a brief history of work experience related to the Investment Casting Industry:

Member Fees & Payment Information:

Annual Fee: \$75.00

Membership will be automatically renewed each year unless member requests cancellation in writing on or before Nov. 30 each year.

Method of Payment in U.S. \$ Only

<input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Mastercard	Credit Card #
Or - Check Enclosed for \$	Expiration Date: CVV# <small>Last three digits on back of card, near signature</small>
Credit Card Billing Address	
Completed by _____	
(Please Print)	Signature
Date	