



# Alumni Membership Application

## Casting Member: Regular *(North America)*

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

E-mail: [ici@investmentcasting.org](mailto:ici@investmentcasting.org) / [www.investmentcasting.org](http://www.investmentcasting.org)

Previous Affiliation Company Name:
Address:
City, State/Providence:
Country, Zip/Postal Code:
<b><u>CONTACT INFORMATION</u></b>
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:**

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**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	