

**THE INTERNATIONAL CLUB OF ANNAPOLIS, Inc.
Membership Form**

Please return this form with your check to:

ICA Membership Chair
P.O. Box 6742
Annapolis, MD 21401-9996

Or... go to ICAnnapolis.org and sign up on-line

Last Name(s) _____
First Name(s) _____
Street Address _____
City, State, Zip _____
Phone numbers (Home/Cell) _____
EMAIL _____

Please PRINT CLEARLY

Membership year (e.g., 2018-2019): _____
Membership (check one): _____ Renewal _____ New
Referring Member (optional): _____

Annual membership dues: \$15 per person (or \$30 per couple)

Make check payable to:

International Club of Annapolis, Inc.

Enclosed is my check for _____ memberships at \$15.00 per person

Check Amount \$ _____ Check # _____ Check Date _____

Contact: Denine Sayani Telephone: 410.721.7060
Email address: ICAMembership@outlook.com

International Club website: www.ICAnnapolis.org