

**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: _____

Membership (check one): _____ Renewal _____ New

Referring Member (optional): _____

Annual membership dues: \$20 per person (or \$40 per couple)

Make check payable to:

International Club of Annapolis, Inc.

Enclosed is my check for _____ Membership(s) at \$20.00 per person

Check Amount \$ _____ Check # _____ Check Date _____

Email address: ICAMembership@outlook.com

International Club contacts: <https://icannapolis.org/contact>