



INDEPENDENT COUNCIL ON AGING

**INDEPENDENT COUNCIL ON AGING (ICA)
2024-2025 Membership Application**
Mail this application with your check to the address below.
Application and payment are due by October 2024.
Please include your business card, if possible.

NAME:

TITLE:

ORGANIZATION:

MAILING ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

Please provide information about your organization to share with others (20 words or fewer):

Membership cost is \$100.00 for the year (September 2024- June 2025)

Would you like to participate in one or more of ICA's committees? Check all that apply:

- By-Laws
- Finance
- Nominating
- Legislation
- Guide to Services
- Membership
- Public Relations
- Health, Mental Health, & Education Committee
- Arts and Culture Committee

**Make checks payable to ICA .
Mail application and payment to:**

**ICA
PO BOX 1936
ERIE, PA 16512**

**Questions?
Email: ICAeriePA@gmail.com**

Check# _____ Paid _____