



**INDEPENDENT COUNCIL ON AGING (ICA)  
2020-2021 Membership Application**

**Mail this application with your check to the address below.  
Application and payment are due by October 2020.**  
*Please include your business card, if possible.*

**NAME:**

**TITLE:**

**ORGANIZATION:**

**MAILING ADDRESS:**

**PHONE:**

**EMAIL:**

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

**Membership cost is \$85 for the year (September 2020 to June 2021)**

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

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

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

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

**Check# \_\_\_\_\_ Paid \_\_\_\_\_**