



Constituent, Affiliate Society or Business Partner - Application Form

Society / Entity Name:

Name of Primary Contact Person:

Title: Email Address:

Name of Person likely to attend ICCP Board meetings:

Title: Email Address:

Society/Business Address:

Country:

City: State/Province:

Zip/Post Code:

Phone: Fax:

Web Address:

Date society established:

Number of members:

Certification programs supported:

Primary focus of business:

Publication Primary / Number of times published:

Publication Secondary / Number of times published:

Publication Name / Number of times published:

Professional Association? Yes No

Commercial Entity? Yes No

Government Funded Academic Institute / College / University? Yes No

Private College / University / Institute of study? Yes No

Internal documentation: Fees attached?

Date Received:

Reviewed by:

Date Presented to the Board: Presented by:

Approved/Rejected:

Reason for Approval/Rejection: