

**MEMBER INFORMATION**

Please print:

Name (First, Last) Title  
 Company Name  
 Mailing Address  
 City State Postcode  
 Company Phone Company Fax E-mail

**INDUSTRY SEGMENT**

Check appropriate  
 Industry Segment:

- Collision Repair Shops
- Vehicle Manufacturers
- Insurance
- Education, Research and Training
- Equipment, Tools and Supplies
- Related Industry Services (specify)

**MEMBERSHIP LEVEL**

Check one (1)  
 Membership level:

- Founding Member ..... (On application)
  - Corporate Member ..... (On application)
  - Individual Member ..... \$275
  - Educational Member ..... \$275
- \* Membership in I-CAR will be for a period of (1) calendar year.

**METHOD OF PAYMENT**

- Cheque or Money Order (Payable to I-CAR) Cheque/Money Order Number  
 Direct deposit ANZ Virginia 014275 494137276
  - Credit Card  MasterCard  Visa  AMEX
- Credit Card Number Exp. Date  
 Card Holder's Name (Please Print) Amount to Charge  
 Card Holder's Signature

**VOTING**

**REPRESENTATIVE**

- Same as Above
- Other (Complete below)

Name (First, Last) Title  
 Company Phone E-mail  
 Company Street Address (If different from above)  
 City State Postcode

