



Application for ICBCH Associate Membership

Complete the required information. Sign and date both pages of this application and return it to our office by fax or mail, along with any additional information requested and the appropriate fee. Of \$29

FAX to: (888) 877-6020 or mail to:

ICBCH, Inc. 15560 N. Frank L. Wright Blvd. Suite B4-118, Scottsdale AZ 85260

PLEASE PRINT NEATLY

Name as it should appear on your Certificate: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____

List your highest academic degree: _____

University Name: _____ Year of Graduation: _____

List your professional state issued license(s)/certification(s) - if any:

Type: _____ #: _____ State: _____

Type: _____ #: _____ State: _____

Have you ever been convicted of a felony? Yes No (If yes, attach a full explanation.)

(NOTE: Although a prior felony conviction will not automatically disqualify one for certification or membership, any person with a prior felony conviction for moral or sexual crimes against children, or sexual violence against adults, or other felonies as deemed inappropriate for membership by the ICBCH will not be Eligible for membership in the ICBCH. Failure to disclose criminal history will result in revocation of membership, and is an act of perjury. If you have questions on this policy, please contact our office prior to completing the application.)

Have you ever had a professional license or certification revoked, suspended or denied in any state or by any certification board? Yes No (If yes, attach a full explanation.)

Please enclose a legible photocopy of a government issued photo ID, i.e. driver's license, passport, professional license, military ID. You may fax the pages, but regular mail is preferable for this process.

ICBCH Associate Membership Application

Read and sign your acknowledgement:

I hereby certify that the information provided above is true and accurate. I am applying to receive membership in the ICBCH as an Associate Member. I understand that this membership does not provide the authority to offer client services apart from the existing requirements of my state of residence. I agree to practice within the scope of my education, experience and training and to provide client services consistent with the ethical standards of ICBCH, my respective professional designation(s), and within state law. Membership certificates remain the property of the ICBCH and must be surrendered in the event of revocation by the Board.

Signature: _____ Date: _____

Check Enclosed MasterCard Visa DiscoverCard AmEx

Card Number : _____ Expires: _____ Security: _____

Please return via FAX to (888) 877-6020 or mail to:

ICBCH, Inc.
Peachtree Professional Education, Inc.
15560 N. Frank L. Wright Blvd. Suite B4-118
Scottsdale AZ 85260