

## Illinois Appraisers New Membership Form

<b>First Name: (required)</b>	<input type="text"/>
<b>Middle Name:</b>	<input type="text"/>
<b>Last Name: (required)</b>	<input type="text"/>
<b>Company Name:</b>	<input type="text"/>
<b>Address: (required)</b>	<input type="text"/> <input type="text"/>
<b>County:</b>	<input type="text"/>
<b>City: (required)</b>	<input type="text"/>
<b>State: (required)</b>	<input type="text"/>
<b>Zip Code: (required)</b>	<input type="text"/>
<b>Designation: (required)</b>	<input type="text"/>
<b>State License / Certification #: (required)</b>	<input type="text"/>
<b>E-Mail Address: (required)</b>	<input type="text"/>
<b>Phone:</b>	<input type="text"/>
<b>Fax:</b>	<input type="text"/>
<b>Website:</b>	<input type="text"/>

### New Membership Method of Payment

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<b>New Membership Amount:</b>	<b>50 New Membership Dues + 25 PAC Donation</b>
	<hr/>
	\$ <input type="text"/>
<b>Indicate your desired method of payment: (required)</b>	<input type="radio"/> Check (payable to: ICAP) <input type="radio"/> Visa <input type="radio"/> Mastercard
<b>Credit Card Number: (required)</b>	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
<b>Name (as it appears on the credit card): (required)</b>	<input type="text"/>
<b>Credit Card Expiration Date (mm/yy): (required)</b>	<input type="text"/> / <input type="text"/>
<b>Billing Address: (required)</b>	<input type="text"/>
<input type="checkbox"/> (same as above)	<input type="text"/>
<b>Billing City: (required)</b>	<input type="text"/>
<b>Billing State: (required)</b>	<input type="text"/>
<b>Billing Zip Code: (required)</b>	<input type="text"/>

Send New Membership form and payment to: **ICAP**  
303 E. Wacker Dr, Suite 200  
Chicago, IL 60601