

ICAN OF GC MEMBERSHIP APPLICATION FORM

Please fill in the following information and return this form at a monthly meeting or submit it by mail to the following address, accompanied by payment for your subscription fee. Payment can be made by cash or by check payable to *ICAN of Greater Cleveland*. As an alternative, you may email the completed form to ICANofGC@aol.com and either mail a check or bring your check or cash to the next meeting, in which case your membership will commence upon submission of payment.

Sunday Tortelli, Member Relations
ICAN of Greater Cleveland
19006 Stony Point Drive
Strongsville, Ohio 44136

Yes ICAN! Please accept my membership to this very worthwhile organization!

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: (____) _____ EMAIL: _____

DUE DATE: _____ (If applicable)

BIRTH HISTORY: _____ # of vaginal births _____ # of cesareans _____ # of VBACs _____ # of CBACs

CHECK THE APPLICABLE MEMBERSHIP LEVEL OPTION:

Individual Memberships:

- Supporting One Year Membership – \$30
- Childbearing Five Year Membership – \$125
- Childbearing Ten Year Membership – \$250
- Lifetime Membership – \$500

Professional Memberships:

- Individual One Year Professional Membership – \$60
- Individual Five Year Professional Membership – \$250
- Individual Lifetime Professional Membership – \$2,000

Business/Organization Memberships (One Year):

- Two to Five People – \$100
- Six to Nine People – \$300
- Ten Plus People – \$500

Gift Donation:

- I have enclosed my tax-deductible, gift donation to ICAN of Greater Cleveland in the amount of \$_____