



PARTNERSHIP PROGRAM ENROLLMENT

Thank you for your interest in the ICOG Partnership Program! Please complete the form below and email it to staff@iarcog.com.

Membership is valid for one calendar year and will automatically renew annually unless we receive written notice of cancellation.

Organization Name	
Member Type	<input type="checkbox"/> Non-profit (\$400) <input type="checkbox"/> Government (\$400) <input type="checkbox"/> For-profit (\$500)
Address	
City, State, Zip code	
Phone	
Website	
Main Contact	
Contact Title	
Contact Email	
Contact Phone	
Billing Contact (if different)	
Billing Address	
Billing City, State Zip Code	

Other details to include:

Brief description about the organization (may attach a separate document)	
Hi-Res Logo (Hi-res PDF or ESP)	<input type="checkbox"/> Attached in email and sent to staff@iarcog.com
Website link for logo	<i>Use if you would like a specific landing page or internal website link when people click on your logo</i>