# 2019 Application for

**IACP Business Associate Membership**

Business Associate Membership (non-voting membership) is limited

to businesses supportive of IACP’s mission that provide services and/or products to support providers with enhancing quality of service delivery and/or improved efficiencies of business operations.

All interested businesses will complete the application and be approved for membership by the IACP Board of Directors before the agency may participate as an Associate Member of the Iowa Association of Community Providers.

Business Name Street Address P.O. Box City, State, Zip Website Phone Number Fax Number Primary Contact Title

E-mail Address

*Additional Contacts are employees of the business who will participate in the Business Associate Membership.* Additional Contact Title E-mail Address Additional Contact Title E-mail Address Additional Contact Title E-mail Address

Signature Date

*(Person completing the application)*

□ *Please check if applicant is a Non-Profit Business*

## Brief Description of Business:

*Provide a brief description of how the business is able to support the IACP mission and vision:*

*Provide brief description of programs/services available to enhance quality & efficiencies of service delivery for IACP members:*

**IACP Associate Member Dues**

**Associate Member Dues $3605.00 (1/1/19-12/31/19)**

***IACP will notify Business Associate Membership applicant***

***of the dues calculation for application is submitted after February 28, 2019.***

***Submit application to Susan Seehase at*** [***sseehase@iowaproviders.org***](mailto:sseehase@iowaproviders.org)