



## Application for IACP Strategic Business Partner Membership

Strategic Business Partner 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 \_\_\_\_\_

Email Address \_\_\_\_\_

*Additional Contacts are employees of the business who will participate in the Business Associate Membership.*

Additional Contact \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_

Additional Contact \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_

Additional Contact \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mark 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 a brief description of programs/services available to enhance quality and efficiencies of service delivery for IACP members:

## Method of Payment

**Paying by Check:** Check # \_\_\_\_\_ (Payable to Iowa Association of Community Providers; Fed. ID: 42-1041048282)

**Paying by Credit Card:**    VISA    MasterCard    Discover    American Express

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Email: \_\_\_\_\_

Credit Card Billing Street Address: \_\_\_\_\_

Credit Card Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

If paying by check, please send check and completed application to: IACP, 7025 Hickman Road – Suite 7, Urbandale, Iowa 50322.

If paying by credit card, complete credit card information above on application and scan/email to Susan Seehase at [sseehase@iowaproviders.org](mailto:sseehase@iowaproviders.org). Completed application must accompany payment for membership to be processed.

### IACP Strategic Business Partner Member Application Fee \$50

**IACP Strategic Business Partner Member Dues are Annual Based on Calendar Year  
(see website for amount)**

*IACP will notify the Strategic Business Partner Membership applicant of the dues calculation for application if submitted after February 28. Submit application to Susan Seehase at [sseehase@iowaproviders.org](mailto:sseehase@iowaproviders.org)*

