



Association of Certified Life Care Planners

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**Association of Certified Life Care Planners (A-CLCP)**

**Membership Application Form**

**Share your information exactly as you would like your  
A-CLCP Membership Listing posted on the ICHCC website**

**Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

**Phone: Office:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**CLCP or CCLCP Certificate Number:** \_\_\_\_\_

**Mark Membership Level you are applying for:**

**Executive Yearly Membership: \$300**

**Retirement Yearly Membership: \$150**

**You may mail, email or fax your A-CLCP application. The mailing address  
and fax number are below. The email address is: [ichcc1@gmail.com](mailto:ichcc1@gmail.com)**

**Make checks payable to the ICHCC with A-CLCP in the memo line or pay on  
the ICHCC.org website by choosing the Shopping Cart Icon in the top right-  
hand corner of the page and then choosing A-CLCP Membership Category.**