

MEMBERSHIP APPLICATION

**INTERNATIONAL CHRISTIAN
MENTORS AND COACHES
ASSOCIATION**

www.internationalchristianmentorsandcoachesassociation.com



ICA Group, Inc.
International Christian Mentors and Coaches Association
PO Drawer 3069
Warrenton, VA 20188-3069
(540) 351-0040
fax (540) 351-0041
icagroupinc.com

Please print or type all information • Incomplete applications will not be processed • Please allow one week for processing

Mr. Ms. _____ Social Security or Tax ID# _____
First Last

Your Organization Name: _____ E-mail: _____

Mailing Address _____
City State/Province Zip

Home Phone #: (_____) _____ Business Phone #: (_____) _____

Date of Birth: ____/____/____ Referred by: _____
Name Membership Number (required)

By my signature below I understand that upon acceptance as an ICA Group Member, all fees paid by me to the ICA Group are non-refundable. I understand that insurance is issued upon underwriter's approval, and that my signature shall verify that I have completed the ICA Group membership application accurately and honestly. I understand that any false statement made on this application or subsequent renewals shall void this application, terminate my membership, render my insurance coverage null and void, and I may be subject to further legal action. Returned checks will be charged a \$25.00 administrative fee.

Signature **(REQUIRED)** _____ Date _____

**Because a signature is required, no application can be accepted over the phone.
• Apply by FAX with a credit card or by MAIL with check, money order or credit card •**

- \$199 for a 1 year Individual Membership.** Includes all benefits below and the following insurances \$ _____
 - \$1,000,000 Premises Liability (trip and fall) Benefit (\$500 value)
 - \$25,000 Accidental Death and Dismemberment Insurance (\$100 value)
 - \$25,000 Identity Fraud Expense Insurance (\$100 value)
 - Access to affordable Health Insurance
 - \$50 referral fees. (Unlimited income potential)
 - Discipleship Training Course (Invaluable)
 - Will Green's Master Referral Marketing System (\$500 value)
 - Will Green's out-of-print book collection (\$400 value)
 - Personal website with hosting and design (\$200 value)
 - \$199 for a 1 year Organization Membership for churches, organizations, & businesses.** \$ _____
 Includes all benefits above but NO Premises, Accidental Death or Identity Fraud Expense insurance coverage.
 - Copy of Policy.** \$20. (Administrative cost for three policies.) \$ _____
 - Fax Service.** \$10. (Certificate of Insurances faxed to you.) FAX# _____ \$ _____
 - Next Day Air.** \$30. (Requires street address for delivery.) \$ _____
 - Additional Benefit Holder.** \$10 for each. (Please complete Additional Benefit Holder form below) \$ _____
- Total \$ _____**

Method of Payment: Check # _____ Money Order# _____ Visa MasterCard
Payable to ICA Payable to ICA AMEX Discover

CARDHOLDER'S SIGNATURE _____
 _____ Exp. Date _____

PRINT NAME ON CARD: _____ CARDHOLDER'S ZIP CODE: _____

INTERNATIONAL CHRISTIAN ASSOCIATIONS GROUP

Individual Membership Benefits

Valued at over \$1250 but you pay only \$199.

INSURANCE PROTECTION

- \$1,000,000 Per Occurrence Premises Liability Benefit (\$500 value)
- \$25,000 Accidental Death & Dismemberment Insurance (\$100 value)
- \$25,000 Identity Fraud Expense Insurance (\$100 value)
- Access to affordable Group Health Insurance

INCOME BUILDING AND NETWORKING

- \$50 referral fees for each new member (Unlimited income potential)
- Your own free website designed and hosted for you (\$200 value)
- Free internet referral listing
- Will Green's Master Referral System (\$250 value)

CHRISTIAN SUPPORT

- Disciple Training Course (Invaluable)
- Will Green's Favorite Success Books (\$90 value)

PRODUCT DISCOUNTS

- Long Distance Service
- Natural Choices Discount Club

Additional Benefit Holder

Your membership will provide you with insurance as an individual only. If you are a corporation officer or in a partnership, the corporation or partnership needs to be added as an Additional Benefit Holder for coverage of the work that you do on the premises of this corporation or partnership. Just print the legal entity name and physical address on the form below and enclose an additional \$10.

Often your landlord or places where you work, such as hotels, libraries, community centers, or convention centers require that they be listed on your Certificate of Insurance as an Additional Benefit Holder specifically for your work. If this is the case, just print their name/s and physical street address/es below and enclose an additional \$10 for each. After five Additional Benefit Holders, there is no charge for adding more.

Business Name _____

Street Address _____
(no P.O. Boxes)

Business Name _____

Street Address _____
(no P.O. Boxes)

Business Name _____

Street Address _____
(no P.O. Boxes)

Business Name _____

Street Address _____
(no P.O. Boxes)

Attach separate sheet if necessary