



# Association of Certified Life Care Planners (A-CLCP) Membership Application Form

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**Provide 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.**