New & Renewal Application for Sustaining Membership

My organization would like to be a Sustaining Member of the INCE Liaison Program.

___I will pay by check (include a copy of completed application).

___I will pay by credit card (you will be billed via our online membership portal).

COMPANY NAME *(EXACTLY AS IT SHOULD BE LISTED)*

ADDRESS

CITY STATE/PROVINCE

POSTAL CODE (ZIP CODE) COUNTRY

NAME AND POSITION OF CONTACT PERSON

TELEPHONE FAX E-MAIL

MAILING ADDRESS *(IF DIFFERENT FROM ABOVE)*

CITY STATE/PROVINCE

POSTAL CODE (ZIP CODE) COUNTRY

COMPANY INTERNET ADDRESS (URL)

Briefly describe the nature of your business:

If mailing the application with a check included:

Please RETURN this form and your check for $500 to:
INCE-USA Business Office
401 Edgewater Place | Suite 600 | Wakefield, MA, 01880

Phone: 703-234-4073 | Fax: 703-435-4390 | E-mail: ibo@inceusa.org | http://www.inceusa.org