



INDIANA COUNCIL FOR ANIMAL WELFARE

Mail application to:

6916 N 1200 E

Loogootee, IN 47553

For more information please visit: www.icaw.org

Application for Annual Membership

Name: _____ Date: _____

Kennel Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

USDA Licensed: Yes _____ No _____

Indiana BOAH Registered: Yes _____ No _____

CHAPTERS OF ICAW (check one):

- _____ NORTHEAST INDIANA
- _____ NORTHWEST INDIANA
- _____ SOUTHERN INDIANA
- _____ EAST CENTRAL
- _____ ALLEN COUNTY
- _____ N/A or OUT OF STATE

Are you interested in being listed in the next Breeder Directory? Yes _____ No _____

If yes, please specify the breeds you want listed _____

How would you like to receive your Newsletter? Email _____ Mail _____

Would you like to be on the ICAW ONE CALL? Yes No _____

Individual/Family: _____ \$49

Business/Association _____ \$100

Additional Donation: _____ \$30 _____ \$60 _____ \$90 _____ \$120 _____ Other TOTAL: _____

The Indiana Council for Animal Welfare (ICAW) wishes to thank you for your support. Your membership allows us to educate the public about animal welfare, improve animal husbandry skills, and present a united voice in federal, state, or local government legislation. ICAW is a 501 (C) (6) non-profit organization. Memberships are to be paid at the annual Indiana Council for Animal Welfare seminar, valid from January 1st to the last day of the following calendar year.

Seventy percent (70%) of your membership is deductible as a business expense. The Omnibus Budget Reconciliation Act of 1919 disallows as a business expense that portion of your dues, which are allocatable to lobbying at the State or Federal level. Dues contributions are made to 501 (C) 6 organizations such as the council, are not eligible as charitable deductions. Further information for this law should be obtained from your tax advisor.

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| FOR BOARD MEMBERS ONLY |
| DATE: _____ |
| MEMBERSHIP YEAR: _____ |
| PAID: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK _____ NO. |
| APPROVED BY _____ |