



The International
Consortium
For Coaching
In Organizations

Membership Application Form

Please complete your application online at www.coachinginorganizations.com or use this form.

If you complete this form manually, fill in the information below, check the appropriate membership option, payment method, and amount enclosed. For check or money order, mail to:
ICCO c/o PSP, 9912 Business Park Drive, Suite 170, Sacramento, CA 95827 USA.

First Name: _____ Family/Surname: _____

Title (*Optional*): _____ Organization (*Optional*): _____

Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Billing Address (if *different* from Mailing Address): _____

City: _____ **State/Province:** _____ **Postal Code:** _____ **Country:** _____

E-Mail Address: _____ Telephone Number: _____

Membership Categories:

- (1) *Individual Membership* (for both individual providers and recipients of coaching services)

Annual Individual Membership Fee: US\$250
Student Individual Membership Fee: US\$100

- (2) *Institutional Membership* (for organizations that utilize coaching services, organizations that provide coaching and those that provide programs for the training of coaches; or related associations)

a) For Profit

Annual Institutional Membership Fee (Annual Budget: >US\$500 M): US\$1,500
Annual Institutional Membership Fee (Annual Budget: <US\$ 50 M): US\$1,000
Annual Institutional Membership Fee (Annual Budget: <US\$ 50 M): US\$ 500

b) Not-For-Profit, governmental, NGO etc.

Annual Institutional Membership Fee (Annual Budget: >US\$500 M): US\$1,000
Annual Institutional Membership Fee (Annual Budget: <US\$ 50 M): US\$ 800
Annual Institutional Membership Fee (Annual Budget: <US\$ 50 M): US\$ 400

Payment Method (Please make payment in U.S. dollars to ICCO)

Check **Check Number:** _____ **Amount: US\$** _____

Credit Card *Check appropriate card type* **Visa** **MasterCard**

Card Number: _____ **Expiration Date (mm/yy):** _____

Signature: _____ **Name on Card:** _____