

# ICA Institution Membership Application Form



Kindly fill in the following form. You can either fill it using Adobe Acrobat and send it via email or you can print it out, fill it, sign it, scan, upload and send it to us on the following email address: [info@icacad.com](mailto:info@icacad.com)

Center Name:	Contact Person:
Center Address:	Field of Training:
City:	Telephone Number:
Country:	Email:
Website:	
Is your center licensed in your country?	Yes. No.
Does your center have accredited and certified trainers?	Yes. No.
How many trainers does your center have?	
Can you please provide a reason for requesting the partnership?	
Signature	