

ICA Individual Membership 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

First Name:

Place of Birth:

Last Name:

Date of Birth:

Address:

Nationality:

Country:

Telephone Number:

Education:

Interests:

Signature

Kindly confirm whether you have transferred the annual subscription fees of €50

YES

NO

ICA Bank Details:

IBAN : DE09 4765 0130 1010 1404 22 BIC .: WELADE3LXXX