ICLA Membership Initiative Program Application Form

Applicant's Name: _____
Last First

Title: _____

Number of Years as an ICLA Member: _____ 2008-09 Royalty Revenue:_____

Phone Number: _____Cell Phone Number: _____

Email Address: _____

Gender: _____ Ethnicity: _____

Institution/Company: _____

Institution/Company Address: _____
City State Zip

DEADLINE TO SUBMIT APPLICATION: MONDAY, DECEMBER 14, 2009
Send Nomination Form to Jason Galaska, NACDA/ICLA
24651 Detroit Road • Westlake, OH 44145 • Fax 440/892-4007 • jgalaska@nacda.com

Please list applicant's professional accomplishments and relevant information that would support the awarding of a membership initiative stipend

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- **Along with this form, please attach a current resume.**