



PREFERRED VENDOR

MEMBERSHIP APPLICATION / RENEWAL

Calendar Year 2019



Please complete the form below, print legibly or type all information and return to the IACCB Office.
Approximately 30 words in your description will be most welcomed! ☺
CONTACT the IACCB Office at (515) 963-9582 if you have any questions – Thanks!

(Please fill out all information requested below – it will be used for our various printed and online vendor listings)

Business/Organization Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Contact Name _____ Title _____

Phone (only list one) _____

FAX # _____

E-mail _____

Website _____

DESCRIPTION (Service or Products provided – approximately 30 words):

Use Previous Year Information

Please mail **APPLICATION** with **\$150 Membership Fee** to:

Iowa's County Conservation System
P.O. Box 400
Hiawatha, IA 52233-0400

Make Check Payable to: **I.A.C.C.B.**

(Calendar year is January 1st thru December 31st Annually)

OFFICE USE ONLY:

Date Payment Received _____ Note :