



Iowa's County Conservation System

PREFERRED VENDOR

MEMBERSHIP APPLICATION / RENEWAL

Calendar Year 2020



Please complete the form below, print legibly or type all information and return to the ICCS Office. Approximately 30 words in your description will be most welcomed! ☺ CONTACT the ICCS 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.C.C.S.

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

**OFFICE USE ONLY:**

Date Payment Received \_\_\_\_\_ Note :