Iowa's County Conservation System



PREFERRED VENDOR

MEMBERSHIP APPLICATION / RENEWAL



Date Payment Received

Calendar Year 2021

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 va	rious 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			
<u>DESCRIPTION</u> (Service or Products provided – approximately	30 words):	Use Previ	ous Year Information
Please mail APPLICATION with \$150 Membership Fe	ee to:		
lowa's County Conservation System P.O. Box 400 Hiawatha, IA 52233-0400	Make	e Check Payable to:	I.C.C.S.
(Calendar year is January 1 st thru December 31 st Annu	ially)		
OFFICE USE ONLY:			

Note: