

ISAAC CUMMINGS FAMILY ASSOCIATION
MEMBERSHIP APPLICATION

Check One:

New Member Gift Membership

Type of Membership:

- Individual 25.00 \$USD
 Family 30.00 \$USD (*Including spouse and children under 18*)
 Life 400.00 \$USD (*Purchaser, spouse and children under 18 for the life of the purchaser*)

Name (s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Note: Your email address will be used only for ICFA newsletter and other communications purposes.



Please make your check or money order payable to
Isaac Cummings Family Association and send both form and check to:

Beth Rosenquist
3830 Parkview Dr.
Omaha, NE 68134

For more information, please email at: icfamembership@gmail.com

Be sure to visit us online at
<http://isaaccummingsfamily.org>

ICFA is a nonprofit 501(c)3 organization and my contribution may help defray expenses involved in operating ICFA. I understand that membership is from January 1st to December 31st of each calendar year. I acknowledge that ICFA may have access to my contact information. Furthermore, I trust the honest intent of the Association's volunteer board members and other leaders and hold them harmless of any actions and obligations.