

ICAA Membership Invoice



Please provide the following information so we may accurately process your membership dues.

Assessor dues: 1% of Annual Salary
Deputies/PTABOA : \$40 per member
Vendor dues : \$350 Small Company 1 to 5 Employees
\$800 Large Company 6 employees or more

Please note to be a member in good standing for a given year your dues must be paid by April 15th of that calendar year.

DATE: _____ Year for which dues are being paid: _____

COUNTY: _____

TOWNSHIP IF APPLICABLE: _____

COMPANY: _____

Assessor: _____ Annual Salary \$ _____

Number of Deputies/PTABOA: _____ Amount Paid \$ _____

Company Size: _____ Amount Paid \$ _____

Total Paid \$ _____

Checks should be payable to: ICAA
Please remit payment and INVOICE to:

Holly Van Der Aa
Pulaski County Assessor
112 E. Main Street, Room 120
Winamac, IN 46996

Contact Information:
Phone: 574-946-3845
E-mail: pulaskiassessor@pulaskicounty.in.gov

Please send Membership Cards to:

Address: _____

City _____ Zip _____