

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.

YEAR FOR WHICH DUES ARE BEING PAID FOR _____

DATE: _____

COUNTY: _____

TOWNSHIP (IF APPLICABLE): _____

ASSESSOR NAME: _____

NUMBER OF DEPUTIES/PTABOA: _____

ASSESSOR ANNUAL SALARY: _____

1% OF Assessor Annual Salary is: _____

TOTAL FOR DEPUTIES/PTABOA SUBMITTED: _____

TOTAL PAID: _____

COMPANY: _____ COMPANY SIZE (#): _____

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 Email: pulaskiassessor@pulaskicounty.in.gov

Please send Membership Cards to:

Address: _____

City: _____ **Zip:** _____