

ICEA CERTIFICATION PROGRAM ENROLLMENT FORM for Childbirth Educators Certified by Other Organizations

Completion of this application with required information will constitute enrollment in the ICEA certification program. Within three weeks of receipt of this application, ICEA will send the study guides (if ordered) and the examination application.

Type or print legibly

Date _____

Name _____

Street address _____

City _____ Province/State _____

Country _____ Postal/Zip code _____ Phone _____ / _____

E-mail address _____¹

Check one:

I am a current ICEA member. My membership number is: _____

I am not currently an ICEA member; \$95 US additional is enclosed to join at this time.

Enclosed:

Proof of certification

\$95 ICEA membership fee if you are not now a member

\$30 Purchase of study modules

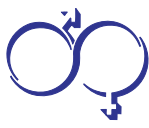
TOTAL AMOUNT ENCLOSED

US Funds — checks drawn on US banks only

All fees nonrefundable and nontransferable

OFFICE USE ONLY	
ICEA # _____	Date _____
Amt. Pd. \$ _____	Check # _____
ID # _____	

Charge my <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Security Code _____
Account # _____	Card expires _____
Signature _____	



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