

# EXTENSION FEE FORM



## MEMBER DETAILS

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Member Number: \_\_\_\_\_

Email: \_\_\_\_\_ Country: \_\_\_\_\_

## EXTENSION FEE DETAILS: FEES ARE NON-REFUNDABLE

Expiration Date: \_\_\_\_\_ Extended Expiration Date: \_\_\_\_\_

Certification Application Extension Fee (\$75)

Recertification Extension Fee (\$75)

## PAYMENT DETAILS:

Check Enclosed

Charge My:  Visa  MasterCard

Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Pay Over the Phone

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

***By signing this I acknowledge the charges on this form, assume full responsibility for said charges, and agree to honor and abide by the terms of this payment. I acknowledge this payment is non-refundable.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email, fax, or mail your form to:  
info@icea.org +1.919.593.9772  
110 Horizon Dr, Ste 210, Raleigh NC 27615 USA