

Family Membership Application Form October 2018 – September 2019

Full Name: _____

University/Company: _____

Email Address: _____

Phone Number: _____ Fax: _____

Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ Home Work

Degree Information (list in order received):

Degree/Area: _____ University: _____

Degree/Area: _____ University: _____

Degree/Area: _____ University: _____

Gender Identity (optional for demographics): Female Male Other

Select Membership Type by Tier: Please note rates below are based on the World Bank's GNI. If you are unsure of your rate for the country in which you live, please email or call the office.

Family Dues – Tier A US\$225 Family Dues – Tier B US\$169 Family Dues – Tier C US\$113



Activism, Communication and Social Justice	\$3.00	Organizational Communication	\$6.00
Children, Adolescents and the Media	\$5.00	Feminist Scholarship	\$6.00
Communication & Technology	\$3.00	Game Studies	\$5.00
Communication History	\$3.00	Global Communication & Social Change	\$6.00
Communication Law and Policy	\$3.00	Health Communication	\$5.00
Communication Science & Biology	\$3.00	Information Systems	\$3.00
Computational Methods	\$3.00	Instructional & Developmental Communication	\$3.00
Environmental Communication	\$3.00	Intercultural Communication	\$3.00
Ethnicity & Race in Communication	\$4.00	Intergroup Communication	\$3.00
Interpersonal Communication	\$3.00	Philosophy, Theory and Critique	\$3.00
Journalism Studies	\$6.00	Political Communication	\$6.00
Language & Social Interaction	\$3.00	Popular Communication	\$5.00
Lesbian, Gay, Bisexual, Transgender and Queer Studies	\$5.00	Public Diplomacy	\$3.00
Mass Communication	\$5.00	Public Relations	\$6.00
Media Industry Studies	\$3.00	Sports Communication	\$3.00
Mobile Communication	\$3.00	Visual Communication Studies	\$6.00
Children, Adolescents and the Media	\$5.00	Feminist Scholarship	\$6.00

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Second Family Member: _____

University/Company: _____

Email Address: _____

Phone Number: _____ Fax: _____

Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ Home Work

Degree Information (list in order received):

Degree/Area: _____ University: _____

Degree/Area: _____ University: _____

Degree/Area: _____ University: _____

Gender Identity (optional for demographics): Female Male Other



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Total Amount: _____ USD

Payment Method

Credit Card

Visa MasterCard Discover Card American Express

Card Holder Name: _____

Card Number: _____

Expiration Date: _____ CVV: _____

You can fax your application to: (01) 202-955-1448

Check* Make Checks Payable to: ICA, 1500 21st Street NW, Washington DC 20036 USA

*Please contact ICA membership at (01) 202-955-1444 to verify the cost before submitting a check.

Note: ICA memberships expire 30 September of each year. Dues are not prorated. Previously published journals are available online in the members only section of the ICA website.