



**INDIAN DIAMOND & COLORSTONE ASSOCIATION, INC.**

(A Not-For-Profit Organization)

580 5<sup>th</sup> Avenue, Suite # 625, New York, NY 10036. (212) 921-4488 Fax: (212) 768-7935 Email: office@idcany.org

**INDIVIDUAL PROFESSIONAL MEMBERSHIP FORM**

Principal Applicant: \_\_\_\_\_

Name of the Firm \* (If any) : \_\_\_\_\_

(\* Please note that this is for information purpose only. Membership will be in individual name only)

Registered Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Social Media Handles: \_\_\_\_\_

Main Business Description: \_\_\_\_\_

Years in Business: \_\_\_\_\_

**I hereby agree to abide by the rules and regulations of the Association:**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**References:**

**Firm Name:** \_\_\_\_\_

Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Firm Name:** \_\_\_\_\_

Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Annual Membership Subscription: **\$250.00**

Please mail completed Application & payment payable to "Indian Diamond & Colorstone Association, Inc" to the above address.