

# I CARE CO-OP Membership Application

I Care Co-op  
Built for ODs, by ODs.



A full and complete application is necessary in order to facilitate proper consideration of membership in the I Care Co-op.

A non-refundable \$50 membership fee (made payable to the I Care Co-op) is required to verify a new member's worthiness. Applications will be considered within 14 days of an application's submission. Please print clearly.

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

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

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

The I Care Co-op has had an exceptional membership for over three decades. All of our Members are referred or invited here by us, the Members. Should you have questions regarding this requirement, please do not hesitate to ask.

**I Care Co-op Member Sponsor:** \_\_\_\_\_

**Trade or Supplier Reference with phone numbers:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Bank references:**

1. \_\_\_\_\_

2. \_\_\_\_\_

## Credit Card on File:

The I Care Co-op currently does not accept credit card payments. Members who currently do not have an Escrow balance equal to an average month's bill, however, **must** provide the Co-op with an active credit card. Doing so ensures an additional level of protection for our co-operative and its members.

Name on Card: \_\_\_\_\_

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

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code (3 digit number on back of card) \_\_\_\_\_

Circle one:      MC      VISA      DISCOVER

## **I CARE CO-OP Membership Application**

In consideration for the I Care Co-op extending credit to the business identified herein for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to I Care Coop regardless of whether said sums are due under open accounts, contract or otherwise.

If accepted as a member, you, the undersigned, also agree to follow the payment rules of the I Care Co-op:

1. Payment is due on any statement by the due date on the statement.
2. If payment is not received by the due date, which is 15 days from the billing date, you may lose the discount offered by the co-op. This could result in as much as a 15 percent penalty charge back on the total amount due.
3. If a penalty amount has been applied to your account, and your account has not been made current by the following due date, all shipments will be put on hold.
4. You are obligated to keep your account current or your membership may be terminated. Termination of membership does not preclude the obligation of paying the remaining balance in full. The account may be placed for collection with costs incurred by the collection activity being added to the net amount due the I Care Co-op.

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

Please return to the completed application along with your \$50 application fee to:

I Care Co-op • PO 1327 • Douglas, MA 01516

You can fax this application to us at (401) 223-6400 or email to: [tim@icarecoop.org](mailto:tim@icarecoop.org)

*Helping independent Optometrists practice independent optometry for over 35 years!*