



2017-2018
ICF Membership
Renewal Application

Please complete this form and return via fax or mail:

Fax: +1.859.226.4411

Mail: 2365 Harrodsburg Rd., Suite A325, Lexington, KY 40504, USA

Questions? Email icfheadquarters@coachfederation.org or call +1.859.219.3580.

Date: _____

** Learn about membership eligibility requirements at Coachfederation.org/mer.

I attest to having:

○ A current ICF Credential (ACC, PCC or MCC).
Information on competence equivalency of coaching credentials awarded by other organizations can be found at Coachfederation.org/mer.

○ Already completed 60 hours of coach-specific training that meets ICF's training requirements. Learn more at Coachfederation.org/mer.

Training Organization Name(s): _____

When you become an ICF Member, you are subject to ICF verifying your coach-specific training at any time. I confirm that I have read coachfederation.org/mer and agree to the requirements listed. Please Initial: _____.

○ Fewer than 60 hours of coach-specific training and being currently enrolled in at least a 60 hour ICF approved ACTP or ACSTH training program.

Training Organization Name: _____

○ Fewer than 60 hours of coach-specific training and not currently enrolled in an ICF-accredited ACTP or ACSTH training program. STOP and visit Coachfederation.org/mer.

Please note that you are bound by the ICF Code of Ethics (which prohibits mis-representation of coaching qualifications). ICF retains the right to verify a member's coach training hours or proof of accreditation from a coach training program or school at any time.

Pledge of Ethics: As a professional coach, I acknowledge and agree to honor my ethical obligations to my coaching clients and colleagues and to the public at large. I pledge to comply with the ICF Code of Ethics, to treat people with dignity as independent and equal human beings, and to model these standards with those whom I coach. If I breach this Pledge of Ethics or any part of the ICF Code of Ethics, I agree that ICF in its sole discretion may hold me accountable for so doing. I further agree that my accountability to ICF for any breach may include loss of my ICF membership and/or my ICF Credential. View full ICF Code of Ethics at Coachfederation.org/ethics.

I have read and agree to adhere to the Code of Ethics and the Ethical Conduct Review process.

Please Initial: _____.

First Name: _____

Last Name: _____

Address: _____

City: _____

State/Province: _____

Zip Code: _____

Country: _____

Email: _____

Website: _____

Business Name: _____

Phone (day): _____

Phone (evening): _____

Fax: _____

ICF Chapter Affiliation: _____

Coaching Language: _____

Choose one of the following that best indicates your source of coach training:

○ Accredited: Training delivered by an entity the ICF has designated as an Accredited Coach Training Program (ACTP) provider or as an Approved Coach Specific Training Hours (ACSTH) provider.

○ Other: Training delivered by a university/other proprietary entity that has not been accredited by ICF but was specifically marketed and delivered to teach coaching skills in accordance with the ICF Core Coaching Competencies.

Choose one of the following that indicates the number of coach training hours you have completed to date:

- 1-30 Coach training hours completed.
○ 31-59 Coach training hours completed.
○ 60 or above Coach training hours completed.

Choose one of the following that indicates the number of years of experience coaching you have to date:

- Less than one (1) year
○ 1-3 years
○ 3-5 Years
○ 5-10 Years
○ More than 10 years



2017 ICF Membership Renewal Application

Annual ICF Membership: \$245 USD

Membership expiration: March 31, 2018

ICF Foundation Donation:

Check an amount below to make a donation to the ICF Foundation, a supporting organization to ICF. Learn more at FoundationofICF.org.

- \$500 USD
- \$100 USD
- \$50 USD
- \$25 USD
- \$5 USD
- Other:
- No, thanks.

Payment Options (check one):

- MC
- Visa
- American Express
- Discover
- Check

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Name on Card (please print): _____

Signature (if faxing or mailing): _____

Thank you for your continued interest in membership with the International Coach Federation.