



**2018-2019  
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](mailto:icfheadquarters@coachfederation.org) or call +1.859.219.3580.

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

**\*\* Learn about membership eligibility requirements at [Coachfederation.org/mer](http://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](http://Coachfederation.org/mer).*

Already **completed** 60 hours of coach-specific training that meets ICF's training requirements. Learn more at [Coachfederation.org/mer](http://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](http://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](http://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](http://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:** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

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

**City:** \_\_\_\_\_

**State/Province:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Phone (day):** \_\_\_\_\_

**Phone (evening):** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**ICF Chapter Affiliation:** \_\_\_\_\_

**Email Language Preferred:** \_\_\_\_\_

**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
- 3-5 Years
- More than 10 Years
- 1-3 Years
- 5-10 Years



## 2018 ICF Membership Renewal Application

### Annual ICF Membership: \$245 USD

Membership expiration: March 31, 2019

### 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](http://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.