



# CERTIFICATE OF LIFETIME MEMBERSHIP

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This documents certifies that ..... has  
made \$..... (.....  
dollar) donation to the ICBR on ...../...../20..... for .....

The ICBR Board of Directors approved the lifetime membership of the donor per the ICBR Constitution Section 4.1.A.4 and his/her (spouse and children) living in the same house as the general practice.

I, ....., testify that the names listed below are my first-degree relatives living in the same house with me.

Signature of the donor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

- 1) .....(spouse/daughter/son)
- 2) .....(spouse/daughter/son)
- 3) .....(spouse/daughter/son)
- 4) .....(spouse/daughter/son)
- 5) .....(spouse/daughter/son)
- 6) .....(spouse/daughter/son)
- 7) .....(spouse/daughter/son)
- 8) .....(spouse/daughter/son)

Signature of the Chairman: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Signature of the Vice-Chairman: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Signature of the Treasurer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_