



International Kitchen Exhaust Cleaning Association

Restaurant Owners and Facilities Managers Membership Application

Restaurant Owners and Facilities Managers Membership - Defined as for-profit entities comprised of facility managers, restaurants, hospitals, universities, and other related kitchen exhaust system end-user organizations.

Member Information (please print clearly or type)

Organization Name:			
Mailing Address:			
City, State/Province, Zip:			
Primary Contact Name:	Name:	Email:	
	Title:	Phone:	
Referred by?:	Name:	Company:	

Organization Questions

Does your organization currently require certification to conduct kitchen exhaust cleaning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
How many kitchen exhaust systems is your organization responsible for managing (approximately)?	_____
Are you aware of IKECA Standards (e.g. ANSI/IKECA C10)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification

By signing below, I certify that all information contained in this application is true and accurate to the best of my knowledge. I authorize the International Kitchen Exhaust Cleaning Association, its officers, directors, committee members, and agents to review my application, and I will cooperate fully in such review. I will submit to IKECA such documents and information deemed necessary to confirm the information in this application. All documents submitted to IKECA are the property of IKECA and will not be returned to me. I have read and understood this information, the [IKECA Code of Ethics](#), and agree to abide by these terms and rules. I have also read and understood the [Membership Policies and Procedures](#) and [Bylaws](#) and grant IKECA permission to opt me into future communications including email and phone.

UNTIL SUCH A TIME THAT MY MEMBERSHIP IS APPROVED, I ACKNOWLEDGE THAT I AM NOT CONSIDERED A MEMBER OF THE ASSOCIATION AND HAS NO CLAIM TO SUCH DESIGNATION OR ANY BENEFITS NOTED HEREIN, INCLUDING ANY USE OF THE IKECA LOGO IN ANY FORM, OR OTHER ANCILLARY BENEFITS.

Signature:	Date:
Name (print):	Title: