



# International Kitchen Exhaust Cleaning Association Risk Management Membership Application

## Risk Management Membership - Defined as for-profit entities that offer insurance

### Member Information (please print clearly or type)

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

### Organization Questions

Do your policies require use of certified exhaust cleaners?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Approximately how many kitchen exhaust system end users do you insure?	
Approximately how many kitchen exhaust cleaning companies do you insure?	
Are you aware of IKECA Standards (e.g. ANSI/IKECA C10, I10, M10)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of NFPA-96 standards?	<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 [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: