Membership Application

Institute for Supply Management, Inc.™

Members are encouraged to join a local Affiliated Association. To obtain information on the Affiliated Association closest to you and dues information, please call ISM Customer Service at 800/888-6276 or 480/752-6276, extension 401. Applications can also be submitted via the Internet at www.ism.ws.

Please check the appropriate box:

❑ New Member ❑ Past Member Member ID Number (if known) _____

❑ I am replacing the following current member in my organization (If replacing a current member, send completed application to the affiliate.)

Member Name _____ Member ID# _____

Dr. Mr. Mrs. Ms. Miss (please circle) First Name _____ MI _____ Last Name _____

Title (required) _____ Organization (required) _____

Please check the preferred mailing address:

❑ BUSINESS

City _____ State _____ ZIP Code _____

Country _____ Postal Code _____

E-Mail _____

( ) Business Phone Number** _____

❑ HOME

City _____ State _____ ZIP Code _____

Country _____ Postal Code _____

E-Mail _____

( ) Fax Number** _____ ( ) Home Phone Number** _____

**For international numbers, please include country and city codes.

Date of Birth (optional): ____/____/____

Industry Code (choose a 3-digit code from the list provided on page 2 of this application): _____ _____ _____

Number of employees at your location (please check one): ❑ under 100 ❑ 100-249 ❑ 250-499 ❑ 500-999 ❑ 1,000+

Education (check highest level completed): ❑ High School ❑ Associate's ❑ Bachelor's ❑ Master's ❑ Other _____

❑ Student (estimated graduation date) _____

Are you a C.P.M.? ❑ Yes ❑ No Are you an A.P.P.? ❑ Yes ❑ No

Do you hold other professional designations? If so, please list: _____

Would you like to serve on a committee? ❑ Yes ❑ No

Are you involved in sales? If so, explain: _____

MEMBERSHIP TYPE: Please select one of the options below. See page 2 for option details.

Option I ASSOCIATE MEMBER

☑ **Regular Membership** – Includes National and local affiliate benefits.

I choose to become a member through (please provide affiliate name):

CENTRAL FLORIDA

Affiliate Code 07-070

Affiliate Dues $60.00

Local Admin $5.00 / Pro-Rated Totals

Jan	$65.00	May	$45.00	Sept	$25.00
Feb	$60.00	June	$40.00	Oct	$80.00
Mar	$55.00	July	$35.00	Nov	$75.00
Apr	$50.00	Aug	$30.00	Dec	$70.00

Option II

❑ **Direct National Membership** – Includes National benefits only. Does not include affiliate benefits.

ISM Dues:	USD $	150.00
Administrative Fee:	USD $	20.00
TOTAL:	USD $	170.00

Method of payment (U.S. Funds Only):

❑ Personal Check ❑ Organization Check

❑ VISA ❑ MasterCard ❑ American Express ❑ Diners Club

Charge Card# _____

Exp. Date ____/____ Amount to be Charged $ _____

Cardholder Signature _____

ISM members receive *Inside Supply Management*™ magazine as a $12 portion of the national membership fee. I agree to abide by the *ISM Bylaws*, *Principles and Standards of Ethical Supply Management Conduct*, and *Statement of Antitrust Policy*, as stated on page 2 of this application. A copy of the *ISM Bylaws* may be obtained by writing or calling ISM Customer Service at the address or telephone number listed below.

Signature _____ Date _____

RETURN TO:

APPROVALS FOR AFFILIATE/ISM USE ONLY

ISM _____ Date _____

Affiliate _____ Date _____

Other _____ Date _____

WEB 51

ISM Use Only

Amount $_____ Approval #_____ Date Entered _____ Initials _____