



Council of Supply Chain Management Professionals

Educating and Connecting the World's Supply Chain Professionals.™

# MEMBERSHIP APPLICATION

## Member Information

Prefix \_\_\_\_\_ Suffix \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ **STUDENTS ONLY:** Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First/Given Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name/Surname \_\_\_\_\_ Nickname \_\_\_\_\_

Title \_\_\_\_\_ Company \_\_\_\_\_

Street Address/PO Box \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ 2<sup>nd</sup> E-Mail \_\_\_\_\_

By providing my e-mail address on this form, I understand that it may be used to communicate about the transaction(s) I have requested and to receive information about CSCMP-related topics including education, events, research, and products.

## Payment Information

| MEMBERSHIP OPTIONS        |                          |              |                          | <i>Installment options are available. To learn more, contact us at +1 630.574.0985.</i> |  |
|---------------------------|--------------------------|--------------|--------------------------|---|--|
| <i>Please select one.</i> |                          |              |                          |   |  |
| Premier                   | <input type="checkbox"/> | \$299/1 year | <input type="checkbox"/> | \$499/2 years   | Digital International <input type="checkbox"/> \$175 |
| Academic                  | <input type="checkbox"/> | \$239/1 year | <input type="checkbox"/> | \$439/2 years   | Military* <input type="checkbox"/> \$175             |
| Basic                     | <input type="checkbox"/> | \$179/1 year | <input type="checkbox"/> | \$329/2 years   | Young Professional <input type="checkbox"/> \$175    |
| In-Transition*            | <input type="checkbox"/> | \$175        |                          |   | Student <input type="checkbox"/> \$40                |

**Credit Card:**  American Express  Discover  Master Card  Visa

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Signature \_\_\_\_\_

*Dues payments may be deductible by members as an ordinary and necessary business expense.*

*A CSCMP membership is not transferable to another person, and dues cannot be refunded. Membership applications without the required payment information will not be processed.*

*\*Additional forms will be emailed and need to be completed for all In-Transition and Military Membership requests.*

## Communication Preferences *(Select all that apply.)*

**OPT ME IN FOR:**  All CSCMP Communications

**I WOULD ONLY LIKE COMMUNICATIONS:**  Via Phone  Via Mail  Via Email  From My Local Roundtable

**MY MEMBER DIRECTORY PROFILE:**  Add My Profile  Display My Email  Display My Phone Number

**Questions?** Please contact Membership Engagement at [membership@cscmp.org](mailto:membership@cscmp.org) or +1 630.574.0985.