



MEMBER APPLICATION

Please complete this application and mail it to the address on the other side, e-mail it to membership@cscmp.org, or fax it to +1 630.574.0989.

Male Female Date of Birth ____/____/____
(dd/mm/yyyy)

Prefix _____ Suffix _____

First/Given Name _____ Middle Initial _____ Last Name/Surname _____ Nickname _____

Title _____ Company _____

Street Address/PO Box _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

E-Mail _____ 2nd E-Mail _____

Phone _____ Referred by _____ Roundtable

REQUIRED MEMBER INFORMATION *(Please complete the information below.)*

POSITION *(Choose one.)*

- CEO
- Corporate Officer
- President
- Senior Vice President
- Vice President
- Director
- Manager
- Supervisor
- Staff Specialist
- Retired
- Academic
- Student
- Other _____

KEY RESPONSIBILITY, *continued*

- Logistics Planning/Management
- Marketing/Sales
- Material Handling Operations
- MIS Planning/Control
- Packaging
- Production/Manufacturing Management
- Purchasing/Procurement
- Quality
- Research
- Supply Chain Management
- Transportation Management
- Warehouse Operations/Management
- Other _____

BUSINESS ENVIRONMENT, *continued*

- Trade Press/Publishing Company
- Utility
- Warehouse
- Wholesaler/Distributor
- Other _____

EDUCATION *(Choose one.)*

- High School Graduate
- Some College, No Degree
- Associate's Degree
- Bachelor's Degree
- Some Graduate School
- Master's Degree
- Graduate Work Beyond Master's
- Doctorate

BUSINESS ENVIRONMENT *(Choose one.)*

- 4PL
- Carrier
- Consultant
- Educator/Academic
- Finance/Insurance
- Freight Forwarder
- Government/Military
- Health Care
- Information Technology
- Management or Executive Recruiter
- Manufacturer*
- Material Handling Equipment
- Merchandiser/Retailer*
- Not-for-Profit
- Real Estate
- Service Industries
- Telecommunications
- Third Party Service Provider

KEY RESPONSIBILITY *(Choose one.)*

- Accounting/Finance
- Business Development
- Consulting
- Customer Service/Order Entry
- Demand Planning/Forecasting
- Education/Training/Teaching
- Human Resources
- International Planning/Operations
- Inventory Planning/Control

INDUSTRY *(Choose one.)*

- Apparel/Textiles
- Appliances/Furniture
- Automotive/Rubber
- Aviation/Airlines
- Building Materials/Lumber/Construction/
Farm/Garden
- Chemical and Metal Products/Plastics/
Petrochemicals/Petroleum
- Consumer Packaged Goods
- Electronics
- Food and Beverage
- Hardware
- Machine Tools
- Military
- Pharmaceutical/Drugs/Toiletries/
Healthcare
- Retail
- Other _____

**Please complete both sides
of this application.** ▶

MEMBER PREFERENCES

Please complete the information below.

- If there is a particular method of communication which you do not want to receive, please check below.
 - Please do not contact me via mail.
 - Please do not contact me via e-mail.

- Members automatically receive a copy of CSCMP's *Supply Chain Quarterly* magazine. Please indicate your preference below (choose one):
 - Electronic format (via e-mail)
 - Printed copy



MEMBER INVOLVEMENT

In which areas would you like to participate? (Choose all that apply.)

- Conference Registration Committee
- Conference Speaker
- Conference Student Assistant Committee
- Conference Track Chair
- Curriculum Advisory Committee
- Distinguished Service Award Selection Committee
- Doctoral Dissertation Award Selection Committee
- Education Strategies Committee
- Focus Group
- Research Project Planning
- Roundtable Career Awareness Speaker
- Roundtable Officer/Committee Member
- Roundtable Speaker
- Write Articles for CSCMP Publications
- Young Professionals Committee

Why do you want to become a member?

(Choose all that apply.)

- Access Members-Only Areas on Web Site
- Career Enhancement/Professional Development
- Discounts on Publications
- Keeping Up with Industry Developments
- Mentor/Mentoring Opportunities
- Networking
- Recommended by Employer
- Roundtables
- All of the Above
- Other _____

MEMBERSHIP REQUIREMENTS

The two principal requirements for membership are a serious, professional interest in advancing the art and science of supply chain management and evidence that you are participating in this field of endeavor and contributing to its advancement.

Memberships are for individual supply chain management professionals. Memberships are not offered to companies. 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.

PAYMENT INFORMATION

- One-Year Membership Dues** **\$295.00 US***
(Membership applications must be remitted with payment by credit card or check in US funds drawn on a US Federal Reserve System bank.)
- Multiple-Year Membership Dues** **\$545.00 US***
(This membership is good for 2 years or 24 months at a cost savings of \$45.00 US.)
- Yes!** I would like to enroll in CSCMP's **Automatic Renewal Program**. CSCMP will automatically renew your membership annually when it is due to expire using the credit card information provided below. In order to process your request, you must initial here _____. For more information on this program, go to <https://cscmp.org/wp/memberships/autorenewalinfo.asp>.
- Yes!** Please send me a printed Member Directory with my renewal for an additional \$79.95 US.

Credit Card: American Express Diners Club MasterCard VISA

Credit Card Number _____ Security Code _____ Exp. Date _____

Name on Credit Card _____

Billing Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Signature _____

Check: (make payable to CSCMP) Check # _____ Amount of Check \$ _____

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



Council of Supply Chain Management Professionals

The World's Leading Source for the Supply Chain Profession.™

CSCMP

333 East Butterfield Road, Suite 140
Lombard, Illinois 60148-5617 USA

Fax: +1 630.574.0989 (Credit card only)

Phone: +1 630.574.0985

Join Online: cscmp.org