

## **SIX-MONTH**MEMBERSHIP APPLICATION

Member Information						
Prefix Suffix		☐ Male	☐ Female	Date of Birth//		
First/Given Name M	iddle Initial La	st Name/Surname		Nickname		
Title	C	Company				
Street Address/PO Box						
City State/Province	ce	Zip/Postal C	ode	Country		
Phone	Mobile	Phone				
E-Mail	2 <sup>nd</sup>	E-Mail				
☐ By providing my e-mail address on this form, and to receive information about CSCMP-rel		=				
Payment Information						
SIX-MONTH MEMBERSHIP OPTIONS  Please select one. All offers expire August 31 unless otherwise specified.		Six Months of Membership Only	Six Months of Membership <i>Plus</i> EDGE 2020 Live! Registration			
Professional Membership		\$149	□ \$445 (thre	u 08/20)		
Academic		\$149		□ \$224*		
Young Professional (32 years of age and younger)		□ \$88		□ \$165		
Digital International (Must reside outside of United States)		□ \$88		□ \$165		
Military (Must attach a copy of your military ID or veteran ID)		□ \$88		□ \$165		
*Reserved for full-time academic professors/teacher	s/instructors.					
Credit Card: American Express	Discover	☐ Master Card ☐	Visa			
Credit Card Number						
Expiration Date		Security Code				
Name on Credit Card						
Billing Address						
ty State/Province Zip/Postal Code						
Country						
Signature						
Dues payments may be deductible by members a A CSCMP membership is not transferable to ano payment information will not be processed.	-	-		pplications without the required		
Communication Preference	S (Select all that	apply.				
OPT ME IN FOR:	E IN FOR:			mmunications		
I WOULD ONLY LIKE COMMUNICATIONS:	☐ Via Phone	☐ Via Mail	☐ Via Email	☐ From My Local Roundtable		
MY MEMBER DIRECTORY PROFILE:	☐ Add My Profile	e 🔲 Display My	Fmail	☐ Display My Phone Number		

Questions? Please contact Membership Engagement at membership@cscmp.org or +1 630.574.0985.