



Membership Application

Institute for Supply Management, Inc.™

ISM—Greater Syracuse, Inc.

Members are encouraged to join an ISM Affiliated Association. To obtain information on the ISM 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 information:

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** _____

Please check the preferred mailing address:

BUSINESS **HOME**

CITY _____ **ST** _____ **ZIP** _____ **CITY** _____ **ST** _____ **ZIP** _____

COUNTRY _____ **POSTAL CODE** _____ **COUNTRY** _____ **POSTAL CODE** _____

EMAIL _____ **EMAIL** _____

() _____ () _____ () _____

BUSINESS PHONE _____ **FAX NUMBER** _____ **HOME PHONE** _____

Date of Birth (optional) ___/___/___ Number of employees at your location ___under 100 ___100-249 ___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.? Y/N ___ Are you an A.P.P.? Y/N ___ Do you hold other professional designations? If so, please list: _____
Would you like to serve on a committee? Y/N ___ Are you involved in sales? If so, explain: _____

REGULAR MEMBERSHIP	
Regular Membership - Includes National and local affiliate benefits.	
I choose to become a member through (please provide affiliate name): ISM - Greater Syracuse, Inc.	
For dues information and affiliate code, contact ISM Customer Service at 800/888-6272 or 480/752-6276, ext 401.	
Annual ISM/Affiliate Dues:	USD \$ <u>210.00</u>
Administrative Fee:	USD \$ <u>20.00</u>
Affiliate Initiation Fee:	USD \$ <u>20.00</u>
TOTAL:	USD \$ <u>250.00</u>

Method of Payment (U.S. Funds Only):	
<input type="checkbox"/> Personal Check	<input type="checkbox"/> Organization Check
<input type="checkbox"/> Visa/MC	
Credit Card# _____	
Exp. Date _____/_____	
3 digit Security Code (on back of card) _____	
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 the back 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: ISM-Greater Syracuse, Inc.
108 Metropolitan Park Dr.
Liverpool, NY 13088

APPROVALS FOR AFFILIATE/ISM USE ONLY	
ISM _____	Date _____
Affiliate _____	Date _____
Other _____	Date _____

WEB
51

Amount\$ _____ Approval# _____ Date Entered _____ Initials _____