

PLEASE PRINT

Ms. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Mr. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_\_\_  
Name of College/University

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_

\_\_\_\_\_  
Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

\_\_\_\_\_  
Telephone (include country code) \_\_\_\_\_ Fax (include country code) \_\_\_\_\_

\_\_\_\_\_  
Email

\_\_\_\_\_  
Current Curriculum \_\_\_\_\_ Month/Year of Graduation \_\_\_\_\_

**I AM APPLYING FOR**  **Student Membership \$50**

*You must be enrolled as a full-time undergraduate or graduate student (minimum 6 credits per semester) at an accredited college, university or educational institution. Please submit photocopied proof of your current enrollment, i.e. student ID and/or college transcript. Provide translation of documents if not in English.*

**Have you ever been a member of ICSC?**  Yes  No

I hereby apply for membership in ICSC. I authorize ICSC to send me announcements via mail, fax, email, phone or otherwise, about ICSC programs and services that may be of interest to me or my colleagues.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Membership dues MUST accompany application.**

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**Return the completed application with payment to:**

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