

# ICSC MEMBERSHIP INFORMATION

Complete your membership application online at: [www.icsc.org](http://www.icsc.org)

## REGULAR MEMBERSHIP

\$800 (U.S.) PER YEAR

**Dues must accompany application. If your company is already a member, please go to instructions for Affiliate Membership.**

You are eligible for Regular Membership if your company is engaged in the development, ownership or management of shopping centers, is engaged in business as a merchant located in a shopping center or is engaged in business as a lending institution which

provides equity, interim or permanent financing of shopping centers from its own funds. Each Regular Member company designates one person to act as its Official Member. Only Regular Members have voting privileges or may hold office in ICSC.

## ASSOCIATE MEMBERSHIP

\$800 (U.S.) PER YEAR

**Dues must accompany application. If your company is already a member, please go to instructions for Affiliate Membership.**

You are eligible for Associate Membership if your company is engaged in a trade, profession, or industry allied to the shopping center field (i.e., leasing agents, lawyers, mortgage brokers, architects, contractors,

suppliers, promotion, advertising and public relations agencies, and merchant's associations located in shopping centers). Each Associate Member company designates the person to act as its Official Member.

## AFFILIATE MEMBERSHIP

\$100 (U.S.) PER YEAR

**Dues must accompany application.**

You are eligible for Affiliate Membership if you are employed by a Regular or Associate Member, or are an officer of a merchant association located in a shopping center of a Regular Member. You must be directly

associated with a member firm and your company title must be consistent with that of your Regular or Associate Member. You cannot become eligible through a subsidiary or commonly owned company.

## PUBLIC/ACADEMIC MEMBERSHIP

\$100 (U.S.) PER YEAR

**Dues must accompany application.**

This category of membership is open to any government entity and any appointed or elected public official at the city, state or national level. Also eligible are educators with an accredited college, university or educational

institution, or any such institution.

*For Public Members, please provide a business card or letterhead with the city/government seal.*

## PUBLIC/ACADEMIC AFFILIATE MEMBERSHIP

\$50 (U.S.) PER YEAR

**Dues must accompany application.**

You are eligible for Public/Academic Affiliate Membership if you are employed by a Public/Academic Member. You must be directly associated with a member firm and your title must be consistent with that of your

Public/Academic Member.

*For Public Members, please provide a business card or letterhead with the city/government seal.*

**A portion of annual dues (\$35.00) is applied as a subscription to *Shopping Centers Today*.**

**Please note:** Applications received and approved will be included in the online membership directory within 48 hours of approval. All members of ICSC, in good standing as of August 31 each year, are included on the membership CD for the following year.

**BECOME AN ICSC MEMBER TODAY!**

(Please print)

Ms. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Mr. \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

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

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

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

Business Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

**I AM APPLYING FOR (Check only one – FOR MEMBERSHIP DESCRIPTIONS, SEE REVERSE SIDE):**

- Regular Membership \$800** Your company's specific business category (check the ONE that is your company's PRIMARY business function)
- Lending/Financial Institution  Shopping Center Management Company  
 Shopping Center Owner/Developer  Retail
- Associate Membership \$800** Your company's specific business category (check the ONE that is your company's PRIMARY business function)
- Accounting/Financial  Architecture/Design  Construction/Contractor  Executive Search  
 Insurance  Law Firm  Leasing Broker  Marketing/Advertising/Public Relations  
 Mortgage Broker  Product Supplier  Real Estate Consulting  Other \_\_\_\_\_
- Public Membership \$100** See Instructions on reverse.
- Academic Membership \$100** See Instructions on reverse.

**FOR INDIVIDUALS WHOSE COMPANIES ARE ALREADY MEMBERS:**

- Affiliate Membership \$100** (Only if your company is already a member) See Instructions on reverse.
- Public/Academic Affiliate Membership \$50** (Only if your company is already a member) See Instructions on reverse.

**What is Your Primary Job Responsibility? (Check one)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Academic                  | <input type="checkbox"/> Insurance/Risk Management                  | <input type="checkbox"/> Public/Municipal Government |
| <input type="checkbox"/> Admin/Executive Assistant | <input type="checkbox"/> Leasing/Real Estate                        | <input type="checkbox"/> Research                    |
| <input type="checkbox"/> Architecture/Design       | <input type="checkbox"/> Legal                                      | <input type="checkbox"/> Security                    |
| <input type="checkbox"/> Construction              | <input type="checkbox"/> Maintenance                                | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Development               | <input type="checkbox"/> Marketing/Advertising/<br>Public Relations |  |
| <input type="checkbox"/> EDP/MIS                   | <input type="checkbox"/> Operations/Management                      |  |
| <input type="checkbox"/> Finance/Accounting        |   |  |

**What Type of Legal Entity is Your Company? (Check one)**

- Regular C Corporation  
 Tax Exempt Organization  
 Individual (Sole Proprietorship)  
 LLC/LLP  
 Partnership  
 Sub S Corporation  
 Real Estate Investment Trust  
 Trust  
 Other \_\_\_\_\_

**Title Category (Check one)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Owner/Partner/CEO/<br>Chairman/President | <input type="checkbox"/> Executive/Senior VP | <input type="checkbox"/> Attorney                            |
| <input type="checkbox"/> Controller                               | <input type="checkbox"/> Director            | <input type="checkbox"/> Leasing Agent/Real<br>Estate Broker |
| <input type="checkbox"/> Marketing Associate                      | <input type="checkbox"/> Vice President      | <input type="checkbox"/> Other _____                         |
|   | <input type="checkbox"/> Manager             |  |

**Organizational Level (Check one)**

- Corporate Headquarters Level  
 Divisional Level  
 Shopping Center Level

**Have you ever been a member of ICSC?**  Yes  No  
 Has your company ever been a member of ICSC?  Yes  No  
 How many years have you been in the industry? \_\_\_\_\_

Do you hold any ICSC certifications?  Yes  No  
 Please list certifications \_\_\_\_\_

I hereby apply for membership in ICSC. I will abide by the Council's Articles of Incorporation and By-Laws, support its objectives and pay the dues established by the Board of Trustees for my class of membership. **If applying for Affiliate Membership, I attest that I am a salaried employee of the official member company and not a franchisee of that company.** ICSC requires a photo for membership and access to many events. Details on how to submit a photo will be sent after your membership application is processed. I authorize ICSC and its members to send me announcements via mail, fax and phone about ICSC's and ICSC members' programs and services that may be of interest to me or my colleagues. I also consent to receipt of notices from ICSC in electronic form.

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

**Membership dues MUST accompany application.**

CHECK ENCLOSED Mail application and check to: ICSC, P.O. Box 26958, New York, NY 10087-6958  
 CHARGE MY  MasterCard  VISA  American Express  Discover TYPE OF CARD  Corporate  Personal **TOTAL** \_\_\_\_\_

Name (As it appears on card) \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Fax completed application to +1 732 694 1800**  
**Save time – apply online at [www.icsc.org](http://www.icsc.org)**

FOR ICSC USE ONLY:	Individual ID _____
	Company ID _____