



# STUDENT MEMBERSHIP APPLICATION

Ms.  
Mrs.  
Mr.

First Name/Given Name M.I. Last Name/Surname

Name of College/University Faculty/Staff Advisor

Mailing Address

City State/Province Country Zip/Postal Code

Telephone Fax Number Email

Current Curriculum Month/Date of Graduation

**REQUIRED FOR NON-U.S. APPLICANTS:** Date of Birth Country of Citizenship

## I AM APPLYING FOR STUDENT MEMBERSHIP

You are eligible for ICSC student membership if you are a full-time undergraduate or graduate student who is not otherwise employed, except on a part-time or temporary basis (i.e., internship). Undergraduates taking at least 12 credits and graduate students enrolled in at least 6 credits in semester-based academic programs at an accredited institution are considered full-time students. Submission of photocopied student identification card and class schedule (or transcript) as evidence of full-time status is required. For those not in a semester-based academic program, contact Michael Cowden, Director, Student Engagement and Membership Outreach, at mcowden@icsc.org or +1 202 626 1408 to discuss eligibility.

**Note:** Following graduation, you will no longer be able to renew through the student membership program, but will retain the membership through the expiration date. If, after graduation, you are qualified to continue membership in another membership category, you will be contacted by ICSC staff and instructed accordingly. This category does not renew automatically. You will be asked to provide documentation each year.

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

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.

**Terms, Conditions and Rules:** I understand that this membership application is subject to all ICSC membership terms and conditions.

Signature of Applicant Date

### Membership dues MUST accompany application

Check Enclosed (made payable to ICSC) Mail application and check to address below.

Charge My  Mastercard  VISA  American Express  Discover

**Total** \_\_\_\_\_

Name (as it appears on card) Signature of Cardholder

Credit Card Number Expiration Date (month/year)

### Return the completed application with payment to:

**Fax:** +1 732 694 1676

**Mail:** International Council of Shopping Centers  
P.O. Box 419822  
Boston, MA 02241-9822, USA

**FOR ICSC USE ONLY:** Individual ID \_\_\_\_\_  
Company ID \_\_\_\_\_