

FOR AGES 30 AND UNDER.



ASSOCIATE MEMBER APPLICATION

Please complete this application and mail it or fax it back to us at +1 630.574.0989, or join online at cscmp.org.

Male Female Referred by _____ Roundtable Date of Birth ____/____/____
 (dd/mm/yyyy)
 Prefix _____ Suffix _____
 First Name _____ Middle Initial _____ Last Name _____ Nickname _____
 Title _____ Organization/Company _____
 Address _____
 City _____ State/Province _____ Zip/Postal Code _____ Country _____
 E-Mail _____ 2nd E-Mail _____
 Telephone _____ Fax _____

REQUIRED MEMBER INFORMATION *(Please complete the information below.)*

POSITION (Choose one.)

- CEO
- Corporate Officer
- President
- Senior Vice President
- Vice President
- Director
- Manager
- Supervisor
- Staff Specialist
- Retired
- Academic
- Student
- Other _____

KEY RESPONSIBILITIES (Choose one.)

- Accounting/Finance
- Business Development
- Consulting
- Customer Service/Order Entry
- Demand Planning/Forecasting
- Education/Training/Teaching
- Human Resources
- International Planning/Operations
- Inventory Planning/Control
- Logistics Planning/Management
- Marketing/Sales
- Material Handling Operations
- MIS Planning/Control
- Packaging
- Production/Manufacturing Management
- Purchasing/Procurement
- Quality
- Research
- Supply Chain Management
- Transportation Management
- Warehouse Operations/Management
- Other _____

EDUCATION (Choose one.)

- High School Graduate
- Some College, No Degree
- Associate's Degree
- Bachelor's Degree
- Some Graduate School
- Master's Degree
- Graduate Work Beyond Master's
- Doctorate

BUSINESS ENVIRONMENT (Choose one.)

- 4PL
- Carrier
- Consultant
- Educator/Academic
- Finance/Insurance
- Freight Forwarder
- Government/Military
- Health Care
- Information Technology
- Management or Executive Recruiter
- Manufacturer*
- Material Handling Equipment
- Merchandiser/Retailer*
- Not-for-Profit
- Real Estate
- Service Industries
- Telecommunications
- Third Party Service Provider
- Trade Press/Publishing Company
- Utility
- Warehouse
- Wholesaler/Distributor
- Other _____

**If you selected "Manufacturer" or "Merchandiser/Retailer" from the Business Environment section, please indicate your type of business below. (Choose one.)*

- Appliances
- Automotive and Transport Equipment
- Aviation/Airline
- Building Materials/Lumber Products
- Chemicals and Plastics
- Clothing and Textiles
- Computer Hardware and Peripheral Equipment
- Construction, Farm, and Garden Equipment
- Department Store/Retail General Merchandise
- Electrical Machinery (including parts and supplies)
- Electronics and Related Instruments
- Food and Beverage
- Furniture
- Hardware
- Machine Tools and Machinery
- Metal Products
- Mining and Minerals
- Office Equipment and Supplies (excluding paper)
- Paper and Related Products
- Petroleum and Petrochemicals
- Pharmaceuticals, Drugs, and Toiletries
- Primary Metals
- Rubber Goods
- Other _____

MEMBER PREFERENCES

Please complete the information below.

- If there is a particular method of communication which you do not want to receive, please check below.
 - Please do not contact me via mail.
 - Please do not contact me via fax.
 - Please do not contact me via e-mail.
- Members automatically receive a copy of CSCMP's *Supply Chain Quarterly* magazine. Please indicate your preference below (choose one):
 - Electronic format (via e-mail)
 - Printed copy



MEMBER INVOLVEMENT

In which areas would you like to participate?

(Choose all that apply.)

- Conference Registration Committee
- Conference Speaker
- Conference Student Assistant Committee
- Conference Track Chair
- Curriculum Advisory Committee
- Distinguished Service Award Selection Committee
- Doctoral Dissertation Award Selection Committee
- Education Strategies Committee
- Focus Group
- Research Project Planning
- Roundtable Career Awareness Speaker
- Roundtable Officer/Committee Member
- Roundtable Speaker
- Write Articles for CSCMP Publications

Why do you want to become a member?

(Choose all that apply.)

- Access Members-Only Areas on Web Site
- Career Enhancement/Professional Development
- Discounts on Publications
- Keeping Up with Industry Developments
- Mentor/Mentoring Opportunities
- Networking
- Recommended by Employer
- Roundtables
- All of the Above
- Other _____

MEMBERSHIP REQUIREMENTS

The two principal requirements for membership are a serious, professional interest in advancing the art and science of supply chain management and evidence that you are participating in this field of endeavor and contributing to its advancement.

Memberships are for individual supply chain management professionals. Memberships are not offered to companies. A CSCMP membership is not transferable to another person, and dues cannot be refunded. Membership applications without the required payment information will not be processed.

PAYMENT INFORMATION

One-Year Membership Dues **\$150.00 US***

(Membership applications must be remitted with payment by credit card or check in US funds drawn on a US Federal Reserve System bank.)

Yes! Please send me a printed Member Directory with my renewal for an additional \$79.95 US.

Credit Card: American Express Diners Club MasterCard VISA

Credit Card Number _____ Security Code _____ Exp. Date _____

Name on Credit Card _____

Billing Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Signature _____

Check: (make payable to CSCMP) Check # _____ Amount of Check \$ _____

*Dues payments may be deductible by members as an ordinary and necessary business expense.