



APPLICATION FOR MEMBERSHIP 2016-2017 Programming Year

ISM-New York, Inc.
P.O. Box 419
Hartsdale, NY 10530
ISM-NY Fed ID# 13-5329820

Phone: (800) 975-0725
Fax: (914) 662-8659

I wish to apply for membership in the Institute for Supply Management-New York (ISM-New York) and ISM National. If approved, I agree to abide by the Association's Bylaws and subscribe to ISM's Principles and Standards of Purchasing Practice and Statement of Antitrust Policy.

I APPLY FOR REGULAR MEMBERSHIP

Regular Members are voting members and hold membership in both ISM-New York and ISM. Annual dues: \$340.00. There are one-time charges of \$25.00 for ISM-New York initiation fee and \$20.00 for ISM administrative fee. Total for new members \$385.

I APPLY FOR ASSOCIATE MEMBERSHIP

Associate Members are non-voting members and hold membership in ISM-New York only. Annual dues: \$210.00. Initiation fee: \$25.00. Total for new members \$235.

I APPLY FOR STUDENT MEMBERSHIP

Dues waived for full-time students. Attach a copy of current school issued class schedule.

I APPLY FOR CORPORATE MEMBERSHIP

If you have 10 or more people, please contact the Association office for the applicable rate of Corporate Membership.

Name _____ (Certification Info. ie: CPSM, C.P.M. etc.)

Job Title _____

Organization _____

Work Address _____

City _____ State _____ Zip _____

Tel () _____ Mobile () _____

Work E-mail (Please print) _____

Home Address _____

City _____ State _____ Zip _____

Personal E-mail (Please print) _____

Home Telephone Number () _____

Area(s) of Sourcing Responsibility _____

Please check preferred mailing address: _____ Company _____ Home

Signature of Applicant _____

Referred by (If applicable) _____

METHOD OF PAYMENT: P.O.# _____ Check is enclosed \$ _____

Visa _____ MasterCard _____ Amex _____ Amount Charged \$ _____

Card # _____ Expiration _____

Cardholder's Signature _____