



ISM-Cincinnati

Institute of Supply Management

ISM-Cincinnati, Inc. • P.O. Box 53631 • Cincinnati, OH 45253 • 513-385-4144

Thank you for your interest in ISM-Cincinnati. Please fill out the following form as completely as possible. If you have any questions or concerns about ISM-Cincinnati, please don't hesitate to call us at (513) 385-4144. We'd love to have you join!

Name _____
Title _____ Organization _____

Please check the appropriate box

New Member Past Member Member ID Number (if known) _____

Industry Code (choose a 3-digit code from the list provided on the back of this application): _____

Do you hold any professional designations?
 C.P.M. CPSM APP

Other Designations: _____

Mailing address (please check your preferred mailing address)

BUSINESS

HOME

City State Zip Code
Phone Number
Email Address

City State Zip Code
Phone Number
Email Address

Annual Dues

New Member Annual Dues

Regular Membership..... \$ 210.00*
(annual renewals are \$180)
Membership with Meals Included..... \$410.00*

New members will receive a coupon good for **free admittance** and **free dinner** at one of our professional development meetings.
*Membership dues include ISM National Membership benefits as well as a subscription to *Inside Supply Management* magazine

Method of Payment

Check Visa MasterCard American Express

Credit Card Number: _____

Expiration Date: ____/____/____ Amount to be Charged: _____

Credit Card Billing Address: _____

Cardholder Signature _____

Return Completed Form to

ISM-Cincinnati
PO Box 53631
Cincinnati OH 45253

Fax to: (513) 385-4144

Email to: info@ism-c.ws

I agree to abide by the ISM-C bylaws, Principles and Standards of Ethical Supply Management Conduct, and Statement of Antitrust Policy, as stated on page 2 of this application. A copy of the ISM-C bylaws can be found on the ISM-C website (www.ISM-C.ws).

Signature

Date