ISM-Cincinnati

Institute of Supply Management

institute for supply management

ISM—Cincinnati, Inc.

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

_____

_____

_____

City State Zip Code

_____

Phone Number

_____

Email Address

☐ HOME

_____

_____

_____

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.com

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