



PROFESSIONAL MEMBER APPLICATION

Individual Name	
Company Name	
Address	
City, State, Zip	
Phone Number	
Fax Number	
Website	
Email Address	

<u>Company Personnel</u>	<u>Title</u>	<u>Address</u>	<u>Telephone</u>	<u>Email</u>

Member Category	Membership Dues
<input type="checkbox"/> Professional Member	\$600*

*Can be prorated if joining during the calendar year.

Dues are payable at the beginning of the accounting period selected—1st day of each quarter or annually.

Indicated payment: Annually () Quarterly ()

I hereby certify that the above information is true and correct and that I understand that by signing this form I have made a good faith commitment for one year of dues payment for the period January 1 to December 31 as an professional member. Membership will continue indefinitely in one year increments unless written cancelation of membership is submitted in writing.

Authorized Representative _____ Title _____ Date _____

Please return form to info@scmaonline.org.