



REDUCTION OF MEMBERSHIP DUES

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

IN-TRANSITION OPTION FOR CURRENT MEMBERS

CSCMP offers this additional option for current members: Employment Transition Dues Reduction. CSCMP will consider requests to reduce the payment of dues to \$150.00 US for a period of one year if the member requesting the dues reduction has been a member in good standing of CSCMP for three or more years and can demonstrate financial hardship derived from job loss. It is the responsibility of the member requesting a dues waiver to do so within 60 days of his or her anniversary date (date membership payment is due) and to provide sufficient detailed written information.

This is an e-membership. You will have access to:

- All online products including CSCMP's *Member Directory*, research papers, the Annual "State of Logistics Report", and the *Annual 3PL Study*.
- All CSCMP publications will be available in an instant download format. Receive information from leading literary sources like *CSCMP's Supply Chain Quarterly* (including archived issues), *CSCMP Explores...*, *CSCMP Global Perspectives*, and the award-winning *Journal of Business Logistics*.
- Member pricing to all roundtable events. In order to receive the member discount to attend the annual global conference or any other conference or seminar, you will need to upgrade to a standard membership at \$295.00 US.
- Access to social networks such as LinkedIn and Facebook.

Important Information:

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.

I have read and accept the terms stated above and understand the qualifications. Signature _____

MEMBER INFORMATION

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 _____ Telephone _____ Fax _____

REASON FOR REDUCTION OF DUES REQUEST

(Provide detailed information citing why a reduction should be granted [attach separate page if necessary].)

PAYMENT INFORMATION

One-Year Membership Dues at Reduced Price **\$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.)

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.

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 _____

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 (manufacturer or dealer)
- Merchandiser/Retailer*
- Not-for-Profit
- Real Estate
- Service Industries
- Telecommunications
- Third Party Service Provider
- Trade Press/Publishing Company
- Utility
- Warehouse
- Wholesaler/Distributor
- 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

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 _____

**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 _____

OFFICE USE ONLY

Date request received: _____ Approved on: _____

Approved by: _____ Signature: _____