

# Student Membership Application

Today's date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please complete all sections. Please print or type.

## 1. Member Information

Are you a former APICS member and/or have we assigned you an ID number?  Yes  No

MEMBER ID NUMBER \_\_\_\_\_

Please print your legal name and address as they should appear on a mailing label.

- Mr.       Mrs.       Ms.       Miss  
 CPIM     CFPIM     CIRM     CSCP

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

The following information is requested for identification purposes only.  Female  Male

DATE OF BIRTH (OPTIONAL) \_\_\_\_\_ LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER (OPTIONAL) \_\_\_\_\_

Please check your preferred mailing address.  School housing  Home

### School Housing (Temporary)

NAME OF SCHOOL (REQUIRED) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP + 4/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

( ) BUSINESS PHONE \_\_\_\_\_ ( ) BUSINESS FAX \_\_\_\_\_

( ) SCHOOL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

Expected Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

### Home (Permanent)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP + 4/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

( ) HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

Please do not include my name on any rented or traded APICS mail lists. Telemarketing use of mail lists by sources other than APICS is strictly prohibited.

What is your current academic concentration? (Check all that apply.)

- a. Accounting/Finance       e. Management       h. Integrated Supply  
 b. Business Administration       f. Materials Mgmt      Mgmt  
 c. Engineering       g. Marketing       i. Information Systems  
 d. Production/Operations Mgmt

What is your current degree objective? (Check one only.)

- a. AA       c. MA/MS       e. Doctorate  
 b. BA/BS       d. MBA       f. Other

Why are you joining APICS? (Check all that apply.)

- a. Networking       d. Recommended by professor/ fellow student       g. APICS publications/ magazine  
 b. Career enhancement/ professional development       e. Certification       z. Other \_\_\_\_\_  
 c. Education       f. Leadership opportunities

Membership Involvement (Check all that apply.)

Please indicate the chapter activity in which you would like to participate.

- a. Education       d. Membership       g. Treasurer  
 b. Publicity       e. Employment       h. Secretary  
 c. Programs       f. Seminars       i. Newsletter

## 2. Annual Dues

Student Membership Dues \$25.00

### Student Chapter Affiliation

I wish to be affiliated with the \_\_\_\_\_ Chapter.

List the student chapter code above per the chapter locator on the following page.

TOTAL = \$25.00\*

### 2c. Payment (in U.S. dollars only)

Check enclosed for \$ \_\_\_\_\_

(Checks must be payable to APICS and drawn on a U.S. bank.)

Charge to:  MasterCard  VISA  American Express  Discover

ACCOUNT NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

\* A discounted \$13 subscription to APICS magazine is included in your dues and cannot be deducted from your dues amount.

APICS student membership offers full-time students significantly reduced membership dues while they pursue a degree, at an accredited college or university – undergraduate or graduate. Regardless of the number of credit hours taken, a person is not eligible for APICS Student Membership if gainfully employed on a full-time basis.

**REQUIRED: This application will not be processed unless individuals renewing or applying for student membership complete and submit the following documentation:**

- University/College Name (please no abbreviations): \_\_\_\_\_
- Expected Date of Graduation: \_\_\_\_\_
- Attach a copy or fax of current student ID card.
- Attach a copy or fax of a current class schedule/curriculum provided by the registrar with name of the institution, name of student, and date including the year.

### APICS USE ONLY (DO NOT WRITE IN THIS SPACE)

Batch # \_\_\_\_\_

Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

Dues Amount \$ \_\_\_\_\_

Return to: APICS, Membership Dues, P.O. Box 75381 Baltimore, MD 21275



CELEBRATING 50

Campaign Code: 7BMB4D