

ISCID Membership Application Form

*It is your responsibility to ensure that the information provided is accurate. If it is not, we will make every attempt to contact you and make corrections.

Title: _____ Full Name: _____

E-mail: _____ Phone: _____

Preferred Password: _____

Address:

Line 1: _____

Line 2: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

1 Year Student Membership (\$25.00)* 1 Year Regular Membership (\$45.00)

****If signing up for a Student Membership, you must provide the following faculty contact information to confirm your student status. If you fail to provide this information your membership will not be processed.***

Faculty Contact Name: _____

Faculty Contact Phone: _____

Faculty Contact Email: _____

Disclaimer: I understand that all the information provided in my profile will be used internal to ISCID and will not be sold or shared with outside parties. I understand that the information I provided is by default viewable by members of the society, and that to change this I must edit my profile by visiting the member services page. I am responsible for providing accurate information in my profile and understand that my membership will be terminated without refund if it is discovered that I purposely provided false information. In particular, I understand that this is not an anonymous or pseudonymous site, and I affirm that my identity corresponds accurately with the profile I have just given. I recognize that ISCID is a professional society and agree to observe professional courtesies throughout my interactions with fellow members. I understand that failure to do so may result in the suspension or termination of my membership without refund.

I DISAGREE with the above disclaimer I AGREE with the above disclaimer

Signature: _____ **Date:** _____

Please mail this form and check to: ISCID, 66 Witherspoon Street, Suite 1800, Princeton, NJ 08542