



# Membership Application or Transfer

ISM—New Jersey, Inc.

I wish to become a member of the **Institute for Supply Management - New Jersey, Inc.**

District/Affiliate Code: 0 8 / 4 1 0

- I am a new member       I am a former member
- I am a transfer from \_\_\_\_\_
- I am replacing the following member in my company:

Former member name \_\_\_\_\_

Company \_\_\_\_\_

City/State/Zip \_\_\_\_\_

- Type of Membership:
- Regular                       Associate
  - Dual                             Student
  - Academic

- Yes C.P.M. (expiration date) \_\_\_\_\_
- Yes CPSM (expiration date) \_\_\_\_\_
- Yes CPSD (expiration date) \_\_\_\_\_
- Yes CSM (expiration date) \_\_\_\_\_

ISM ID # (if known) \_\_\_\_\_

Mr.  Ms.  Miss.  Mrs.  Dr.  
(Please type or print)

Name

Last                                      First                                      Middle

### PLEASE CHECK PREFERRED MAILING ADDRESS

- Company                       Home

Title \_\_\_\_\_

Company \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone ( \_\_\_ ) \_\_\_\_\_

Business Phone ( \_\_\_ ) \_\_\_\_\_

Fax ( \_\_\_ ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Total years in function \_\_\_\_\_

- I would like to volunteer on a committee.

Are you involved in selling?  
If so, explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_ ) \_\_\_\_\_

Home e-mail \_\_\_\_\_

Method of Payment:

- Check    American Express    Visa    Master Card
- Discover
- Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_
- Amount Charged \$ \_\_\_\_\_
- Cardholder Signature \_\_\_\_\_

### New Member Fees:

- Regular Member Dues                      \$335.00
- Associate Member Dues                      \$185.00
- TOTAL ENCLOSED \$ \_\_\_\_\_

EDUCATION: Please (check) highest level completed

- Student
- High School
- Associate Degree
- Bachelors Degree
- Masters Degree
- Other

(Grad date) \_\_\_\_\_

College or University

SIGNATURE: I agree to abide by the ISM-NJ by-laws, Principles and Standards of Purchasing Practice, and Statement of Anti-trust Policy. By-laws are available at [www.ismnj.org](http://www.ismnj.org)  
Your signature permits ISM-NJ to publish photographs taken at ISM-NJ events.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### RETURN TO:

ISM-NJ  
P.O. Box 6585  
Hillsborough, NJ 08844  
908-431-1100 • Fax: 908-431-1122  
[www.ismnj.org](http://www.ismnj.org) • E-mail: [info@ismnj.org](mailto:info@ismnj.org)

### APPROVALS FOR AFFILIATE/ISM USE ONLY

ISM _____ ISM-NJ _____
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