



Membership Application or Transfer

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

Accredited Purchasing Practitioner Yes No

Certified Purchasing Manager: Yes No

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 _____

Business Telephone (____) _____

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 Telephone (____) _____

Home e-mail _____

Method of Payment:

Check American Express Visa Master Card

Discover

Card # _____ Exp. Date _____

Amount Charged \$ _____

Cardholder Signature _____

Regular Member Dues \$310.00

Associate Member Dues \$175.00

TOTAL ENCLOSED \$ _____

EDUCATION: Please (check) highest level completed

Student (Graduation date)

High School

Associate Degree

Bachelors Degree

Masters Degree

Other

SIGNATURE: I agree to abide by the ISM-NJ by-laws, Principles and Standards of Purchasing Practice, and Statement of Antitrust Policy. By-laws are available at www.napmnj.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 • E-mail: info@ismnj.org

PROPOSED BY: _____

APPROVALS FOR AFFILIATE/ISM USE ONLY

ISM _____	Date _____
ISM-NJ _____	Date _____
OTHER _____	Date _____