



PROFESSIONAL MEMBER 2021 APPLICATION

Individual Name	
Company Name	
Address	
City, State, Zip	
Phone Number	
Fax Number	
Website	
Email Address	

<u>Company Personnel</u>	<u>Title</u>	<u>Address</u>	<u>Telephone</u>	<u>Email</u>

Member Category	2021 Membership Dues
<input type="checkbox"/> Professional Member	\$600*

*Can be prorated if joining during the calendar year.

Dues are payable at the beginning of the accounting period selected—1st day of each quarter or annually.

Indicated payment: Annually () Quarterly ()

I hereby certify that the above information is true and correct and that I understand that by signing this form I have made a good faith commitment for one year of dues payment for the period January 1, 2021 to December 31, 2021 as an professional member. Membership will continue indefinitely in one year increments unless written cancelation of membership is submitted in writing.

Authorized Representative _____ Title _____ Date _____

Please return to Abigail Gabbard at agabbard@scmaonline.org