

# SCCE MEMBERSHIP RENEWAL APPLICATION

PLEASE PRINT

Mr.  Mrs.  Ms.  Dr.

SCCE MEMBERSHIP ID NUMBER

FIRST NAME

MI

LAST NAME

CREDENTIAL(S)

TITLE(S)

ORGANIZATION

STREET ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

TELEPHONE

FAX

E-MAIL

## YES, please renew my membership:

Individual Membership..... \$295

Group Employee Membership ..... \$250  
(four or more from same company; fill out one form for each applicant)

Corporate Membership.....\$2,500  
(includes four individual memberships plus corporate publicity benefits)

Student Membership..... \$150  
(full- or part-time students enrolled in a program related to compliance that leads to a baccalaureate degree, or a graduate student who is not employed in a full-time compliance position)

INVOICE ME  Purchase Order # \_\_\_\_\_

Check enclosed (payable to SCCE)

Charge my:  American Express  Diners Club  MasterCard  Visa

CREDIT CARD NUMBER

CREDIT CARD EXPIRATION DATE

CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE

TOTAL ENCLOSED \$ \_\_\_\_\_

Federal Tax ID # 23-2882664

OR APPLY ONLINE AT: [www.corporatecompliance.org/join](http://www.corporatecompliance.org/join)

## MAIL APPLICATION TO:

Society of Corporate Compliance and Ethics  
6500 Barrie Road, Suite 250,  
Minneapolis, MN 55435, United States



SOCIETY OF CORPORATE  
COMPLIANCE AND ETHICS