



MEMBERSHIP RENEWAL APPLICATION

Please print:

Mr. Mrs. Ms. Dr.

SCCE MEMBERSHIP ID NUMBER

FIRST NAME

MI

LAST NAME

CREDENTIALS

TITLE(S)

PLACE OF EMPLOYMENT

STREET ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

E-MAIL ADDRESS

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)
- 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)
- Academic Membership \$150
(must be a full-time faculty member working for a college or university)

TOTAL ENCLOSED \$ _____

Check enclosed (*payable to SCCE*)

Invoice me Purchase Order # _____

Charge my Credit Card: MasterCard Visa AmEx

CREDIT CARD NUMBER

EXPIRATION DATE ON CARD

CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE

Federal Tax Identification Number 23-2882664