Student Membership Application

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Please list both home and school addresses and indicate your mailing preference:
☐ Home  ☐ School

Home Address
☐ Mr.  ☐ Mrs.  ☐ Ms.  ☐ Other

NAME*

ADDRESS

APT

CITY/STATE  ZIP

TELEPHONE

E-MAIL*

* Required Fields

School Address (if applicable)

ORGANIZATION

TITLE

ADDRESS

MAIL STOP/ROOM NUMBER/ETC.

CITY/STATE  ZIP

TELEPHONE

FAX

E-MAIL

WEB SITE

WEB REV0608

Chapter/Sponsorship Information
(if applicable)

CHAPTER PREFERENCE

SPONSOR NAME

SPONSOR NUMBER

Membership Type
☐ Student Member/One-Year—FREE
This membership is for those individuals who are full-time students in an accredited, degree-granting institution, and do not hold full-time employment in contract management or related field.