

PROFESSIONAL MEMBERSHIP APPLICATION

Prefix		Suffix		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth / /	
First/Given Name		Middle Initial		Last Name/Surname		Nickname	
Title				Company			
Street Address/PO Box							
City		State/Province		Zip/Postal Code		Country	
Phone		E-Mail		2 nd E-Mail			
<input type="checkbox"/> By providing my e-mail address on this form, I understand that it may be used to communicate about the transaction(s) I have requested and to receive information about CSCMP-related topics including education, events, research, and products.							
Choose one from each of the following categories							
POSITION/ROLE	<input type="checkbox"/> CEO <input type="checkbox"/> Corporate Officer <input type="checkbox"/> President <input type="checkbox"/> Senior Vice President <input type="checkbox"/> Vice President <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Staff Specialist <input type="checkbox"/> Retired <input type="checkbox"/> Academic <input type="checkbox"/> Student <input type="checkbox"/> Other						
EDUCATION	<input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Master's Degree <input type="checkbox"/> Graduate Work Beyond Master's <input type="checkbox"/> Doctorate						
FUNCTIONAL AREA	<input type="checkbox"/> Accounting/Finance <input type="checkbox"/> Business Development <input type="checkbox"/> Consulting <input type="checkbox"/> Customer Service/Order Entry <input type="checkbox"/> Demand Planning/Forecasting <input type="checkbox"/> Education/Training/Teaching <input type="checkbox"/> Human Resources <input type="checkbox"/> International Planning/Operations <input type="checkbox"/> Inventory Planning/Control <input type="checkbox"/> Logistics Planning/Management <input type="checkbox"/> Marketing/Sales <input type="checkbox"/> Material Handling Operations <input type="checkbox"/> MIS Planning/Control <input type="checkbox"/> Packaging <input type="checkbox"/> Production/Manufacturing Management <input type="checkbox"/> Purchasing/Procurement <input type="checkbox"/> Quality <input type="checkbox"/> Research <input type="checkbox"/> Supply Chain Management <input type="checkbox"/> Transportation Management <input type="checkbox"/> Warehouse Operations/Management <input type="checkbox"/> Other						
BUSINESS ENVIRONMENT	<input type="checkbox"/> 4PL <input type="checkbox"/> Carrier <input type="checkbox"/> Consultant <input type="checkbox"/> Educator/Academic <input type="checkbox"/> Finance/Insurance <input type="checkbox"/> Freight Forwarder <input type="checkbox"/> Government/Military <input type="checkbox"/> Health Care <input type="checkbox"/> Information Technology <input type="checkbox"/> Management or Executive Recruiter <input type="checkbox"/> Manufacturer* <input type="checkbox"/> Material Handling Equipment <input type="checkbox"/> Merchandiser/Retailer* <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Real Estate <input type="checkbox"/> Service Industries <input type="checkbox"/> Telecommunications <input type="checkbox"/> Third Party Service Provider						

	<input type="checkbox"/> Trade Press/Publishing Company	<input type="checkbox"/> Utility	
	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Wholesaler/Distributor	<input type="checkbox"/> Other
INDUSTRY	<input type="checkbox"/> Apparel/Textiles	<input type="checkbox"/> Appliances/Furniture	<input type="checkbox"/> Automotive/Rubber
	<input type="checkbox"/> Aviation/Airlines	<input type="checkbox"/> Building Materials/Lumber/Construction/ Farm/Garden	
	<input type="checkbox"/> Chemical and Metal Products/Plastics/ Petrochemicals/Petroleum		
	<input type="checkbox"/> Consumer Packaged Goods	<input type="checkbox"/> Electronics	<input type="checkbox"/> Food and Beverage
	<input type="checkbox"/> Hardware	<input type="checkbox"/> Machine Tools	<input type="checkbox"/> Military
	<input type="checkbox"/> Pharmaceutical/Drugs/Toiletries/Healthcare	<input type="checkbox"/> Retail	<input type="checkbox"/> Other
Communication Preferences			
OPT ME IN FOR THE FOLLOWING:			
<input type="checkbox"/> All CSCMP Communications			
If you would only like specific types, please chose below:			
<input type="checkbox"/>	CSCMP's programs and events	<input type="checkbox"/>	Communications by phone
<input type="checkbox"/>	Email Communications from my local Roundtable	<input type="checkbox"/>	CSCMP's SmartBrief daily newsletter
<input type="checkbox"/>	Academic and industry surveys	<input type="checkbox"/>	Communications by mail
<input type="checkbox"/>	CSCMP's Supply Chain Quarterly Executive Insight weekly newsletter		
<input type="checkbox"/>	Email communications with third-party information		
<input type="checkbox"/>	Email communications about CSCMP	<input type="checkbox"/>	CSCMP's Supply Chain Monthly newsletter
I would like my information displayed in the Member Directory so I can connect with other members.			
<input type="checkbox"/>	Yes		<input type="checkbox"/> No
As a member, you will automatically receive a printed copy of CSCMP's Supply Chain Quarterly magazine.			
<input type="checkbox"/> I would prefer to receive a digital copy			