

## Corporate Membership Information Form

Please submit the organization information with proper capitalization and spacing, exactly as it should appear on all materials. Please complete this form and email it to [scs@scs.org](mailto:scs@scs.org).

### CORPORATE INFORMATION:

Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### MEMBERSHIP COVERAGE DEMOGRAPHICS:

Please list the person(s) who will be covered under the corporate membership. You can list up to seven people.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
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City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
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 Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
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 Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ORDER INFORMATION:**

Sponsorship Opportunity Levels:

- |                                              |                  |          |
|----------------------------------------------|------------------|----------|
| <input type="checkbox"/> Silver Membership   | \$500/yr. (USD)  | \$ _____ |
| <input type="checkbox"/> Gold Membership     | \$2000/yr. (USD) | \$ _____ |
| <input type="checkbox"/> Platinum Membership | \$5000/yr. (USD) | \$ _____ |

**TOTAL**      \$ \_\_\_\_\_

**PAYMENT INFORMATION:**

Payment by Credit Card:

Type of Card: MC    VISA    AMEX    DISCOVER    OTHER (please contact SCS)

Name on Card: \_\_\_\_\_

Card No. : \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_