



STATE MEMBERSHIP APPLICATION

JANUARY 1, 2017 - DECEMBER 31, 2017

NAME: _____

AFFILIATION: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

CATEGORY OF MEMBERSHIP: *(check one category below)*

- State \$ 1,100.00
- 1/2 State \$ 550.00
- 1/3 State \$ 366.67

AMOUNT ENCLOSED: \$ _____

EXPLANATION OF MEMBERSHIP FEES:

The Annual State Membership Fee is \$1,100.00. A State that is represented by multiple agencies may divide the membership fee (*see Category of Membership above*). The State membership fee of \$1,100.00 will include one individual membership. Please provide the name and contact information of the individual member whose membership is being paid by the State membership.

RETURN APPLICATION WITH PAYMENT:

Email: issc@issc.org
Fax: 803-788-7576
Mail: Interstate Shellfish Sanitation Conference
 209 Dawson Road, Suite 1
 Columbia, SC 29223

Check enclosed in the amount of \$ _____ (*Make check payable to ISSC*)

Please charge my: Visa MasterCard American Express

in the amount of \$ _____

Card Number _____

Expiration Date _____ (mm/yyyy)

CID _____

Name on Card _____

Billing Address Street _____

City/State/Zip _____

Electronic Signature _____