



INDIVIDUAL MEMBERSHIP APPLICATION

JANUARY 1, 2012 - DECEMBER 31, 2013

NAME: _____

AFFILIATION: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

CATEGORY OF MEMBERSHIP:

Individual Member..... \$ 120.00

TOTAL AMOUNT ENCLOSED: \$ _____

PLEASE INVOICE

RETURN APPLICATION WITH PAYMENT TO:

Interstate Shellfish Sanitation Conference
209 Dawson Road, Suite 2
Columbia, SC 29223
(803) 788-7576 Fax

Make checks payable to ISSC and send to the address above. If paying by Visa, MasterCard or American Express please provide the following information:

MasterCard Visa American Express

Card Number - - -

Exp Date: / (mm/yy) CVV2 Code (3 digit code on back of card MC/Visa)
(4 digit code on front for American Express)

Name on Card _____ Billing Address _____

Signature _____