



Individual Membership Application

January 1, 2013 – December 31, 2013

Name _____

Affiliation _____

Address Line 1 _____

Address Line 2 _____

City/State/Zip _____ Country _____

Phone Number _____ Fax Number _____

E-mail Address _____

Category of Membership: Individual Member Annual Fee \$60.00

Total Amount Enclosed \$ _____

Please Invoice

Return application with payment to

**Interstate Shellfish Sanitation Conference
209 Dawson Road, Suite 2
Columbia, SC 29223-1740**

Check enclosed in the amount of \$ _____

Make check payable to ISSC and mail to address above.

Please charge my: Visa MasterCard American Express

in the amount of \$ _____

Card Number _____ - _____ - _____ - _____

Expiration Date _____ (mm/yyyy)

CID _____ (Visa & MasterCard 3-digit/American Express 4-digit)

Name on Card _____

Billing Address Street _____

City/State/Zip _____

Electronic Signature _____

Interstate Shellfish Sanitation Conference
209-2 Dawson Road
Columbia, SC 29223-1740
Phone 803-788-7559 – Fax 803-788-7576
Email issc@issc.org – Website www.issc.org