



State Membership Application

January 1, 2024 - December 31, 2024

Name: _____

Affiliation: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Category of Membership: *(check one category below)*

<input type="checkbox"/>	State	\$ 1,100.00
<input type="checkbox"/>	State 1/2	\$ 550.00
<input type="checkbox"/>	State 1/3	\$ 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: 804-330-6380
Mail: Interstate Shellfish Sanitation Conference
4801 Hermitage Road, Suite 102
Richmond, VA 23227

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

Name on Card: _____

Billing Address Street: _____

City/State/Zip: _____

Electronic Signature: _____