

ISCA MEMBERSHIP APPLICATION

(Individual)

PLEASE PRINT OR TYPE:

Full Name: _____
(Last, First, MI)
Title/Position: Dr./Mr./Mrs./Ms. _____
Business: _____
Address: _____

Phone: _____
Fax: _____
E-mail: _____
Research Interests: _____

Regular Membership Dues: \$ 100.00

ISCA Regular Membership includes a subscription to our Journal, reduced rates on all conferences and proceedings, participation in the Society's activities and committees, waiver of journal page fees, and the right to vote and hold office.

Membership in ISCA involves an annual (January 1 through December 31) non-refundable fee. Receipt of IJCA Journal issues begins from the time you become a member.
Membership fees received before February 15 guarantees receipt of all four issues of our Journal.

METHOD OF PAYMENT: Check Money Order

Payment must be made by check or Money Order (in U.S. dollars drawn on a U.S. bank made payable to **ISCA**). Also MasterCard and Visa will be accepted as method for payment.
For Visa and MasterCard, please complete the following:

METHOD OF PAYMENT Visa MasterCard _____
Credit Card # _____
Expiration Date (mm/yy) _____
Security Number _____
on Back of Credit Card _____
Billing Street Address _____

ZIP CODE of Billing
Address

(Signature REQUIRED)

Please send completed form along with your payment to:

**ISCA - MEMBERSHIP
P. O. Box 1124, Winona, MN 55987
Phone: (507) 458-4517
E-mail: isca@isca-hq.org**

ISCA's EIN NO: 56-1799522