

APICS Student Membership Application

Five easy ways to join!

ONLINE: Visit apics.org/membership/join/student.

E-MAIL: Fill out this application, scan and send to service@apics.org.

FAX: Send both sides of completed application to +1 (773) 639-3011 with your credit card payment information.

MAIL: Return completed application with your payment to APICS, PO. Box 4050, Carol Stream, IL 60197-4050.

PHONE: Call APICS Customer Support at (800) 444-2742 or +1 (773) 867-1777, M-F 8:00 a.m.-5:00 p.m. CT. Have your credit card ready.

APICS Student Membership Benefits:

- **Exclusive access** to content on the APICS Web site and publications such as electronic *APICS* magazine online, electronic *APICS Dictionary*, electronic *APICS OMBOK*, newsletters and more.
- **Members-only savings** on APICS educational events, certification review courses, testing fees and other training aids.
- **Local affiliation** with an APICS Student Chapter.

APICS Student Membership Requirements: Membership is only available to those enrolled as a full-time student (according to your educational institution's policy) at an accredited college or university.

STEP 1: Member Information (Please print or type)

PREVIOUS APICS CUSTOMER/MEMBER ID NUMBER (IF KNOWN) _____

Please print your legal name and address as they should appear on a mailing label.

Mr. Mrs. Ms. Miss CPIM CSCCP

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

Please check your preferred mailing address. School Housing Home

School Housing (Temporary)

NAME OF SCHOOL (REQUIRED) _____

ADDRESS _____ CITY _____

STATE _____ ZIP + 4/POSTAL CODE _____ COUNTRY _____

BUSINESS PHONE _____ BUSINESS FAX _____

SCHOOL PHONE _____ E-MAIL _____

EXPECTED GRADUATION DATE: _____ MONTH _____ YEAR _____

Home (Permanent)

ADDRESS _____ CITY _____

STATE _____ ZIP + 4/POSTAL CODE _____ COUNTRY _____

HOME PHONE _____ E-MAIL _____

The following information is requested for identification purposes only. Female Male Date of Birth _____
(MM/DD/YY)

Who may we thank for referring your APICS membership?

REFERRING MEMBER'S NAME _____ REFERRING MEMBER'S E-MAIL _____ REFERRING MEMBER'S PHONE _____ REFERRING MEMBER'S APICS ID NUMBER _____

Commercial Third-Party Mailing List Exclusion Policy

On occasion, APICS may provide limited contact information to third parties that offer programs, products, and services that our members may find of interest. The contact information includes name, job title, company, and preferred address, but does not include phone, fax, or e-mail address.

Exclude me from commercial third-party mailing lists.

Please continue application on the back side.



STEP 2: Membership Dues

STUDENT CHAPTER AFFILIATION

APICS supports operations management education by sponsoring affiliate student chapters on nearly 200 university and college campuses across North America. If your university or college is not listed on the chapter locator page of the application, you may join as a student member at large.

Please place me in the _____ Chapter. (See Chapter Locator on the following page.)

ANNUAL DUES

Application will be processed upon full payment. Your dues are for one year of membership.

Association dues \$ 25.00

PAYMENT (U.S. dollars only. Purchase orders are not accepted.)

Money Order Check Check # _____ Check amount _____ (Checks must be made payable to APICS and drawn on a U.S. bank.)

Charge to: MC VISA AmEx Discover

ACCOUNT NUMBER _____

EXPIRATION DATE _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE _____

STEP 3: Member Profile

What is your current academic concentration?

(Check all that apply.)

- | | | |
|--|---|--|
| <input type="radio"/> a. Accounting/Finance | <input type="radio"/> d. Production/Operations Management | <input type="radio"/> g. Marketing |
| <input type="radio"/> b. Business Administration | <input type="radio"/> e. Management | <input type="radio"/> h. Integrated Supply |
| <input type="radio"/> c. Engineering | <input type="radio"/> f. Materials Management Management | <input type="radio"/> i. Information Systems |

What is your current degree objective?

(Check one only.)

- | | | |
|--------------------------------|--------------------------------|------------------------------------|
| <input type="radio"/> a. AA | <input type="radio"/> c. MA/MS | <input type="radio"/> e. Doctorate |
| <input type="radio"/> b. BA/BS | <input type="radio"/> d. MBA | <input type="radio"/> f. Other |

Why are you joining APICS?

(Check all that apply.)

- | | | |
|--|--|--|
| <input type="radio"/> a. Networking | <input type="radio"/> d. Recommended by professor/
fellow student | <input type="radio"/> g. APICS publications/magazine |
| <input type="radio"/> b. Career enhancement/
professional development | <input type="radio"/> e. Certification | <input type="radio"/> h. Other |
| <input type="radio"/> c. Education | <input type="radio"/> f. Leadership opportunities | |

Membership Involvement

(Check all that apply.)

Please indicate the chapter activity in which you would like to participate.

- | | | |
|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="radio"/> a. Education | <input type="radio"/> d. Membership | <input type="radio"/> g. Treasurer |
| <input type="radio"/> b. Publicity | <input type="radio"/> e. Employment | <input type="radio"/> h. Secretary |
| <input type="radio"/> c. Programs | <input type="radio"/> f. Seminars | <input type="radio"/> i. Newsletter |

Student members enjoy the benefits of APICS membership (with the exception of voting privileges). Student member is a conditional membership category for individuals currently registered as a full-time student (according to your educational institution's policy) at an accredited college or university.

Individuals renewing or applying for student membership **must** submit a current course curriculum/schedule by including it with your application **or** have your professor verify your student status.

Schedules must be provided by the registrar with name of institution, name of student, and date including the year.

In order for a professor to verify your status, they must provide the following information:

Signature: _____

Printed name: _____

Contact phone number: _____

Date: _____

In addition to your verification of student status (course curriculum/schedule or professor's signature) the following information must be provided:

• University/College Name
(please no abbreviations): _____

• Expected Date of Graduation: _____

