

APICS Professional Membership Application

Five easy ways to join!

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

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, P.O. 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 Professional Membership Benefits:

- **Exclusive access** to content on the APICS Web site and publications such as *APICS* magazine, *APICS Dictionary*, *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 Professional Chapter, or International Associate affiliate where applicable.

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.

Dr. Mr. Mrs. Ms. Miss CPIM CFPIM CIRM CSCP Doctoral Degrees: Ph.D. Ed.D. DBA Other _____

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

JOB TITLE _____ COMPANY NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

BUSINESS PHONE _____ BUSINESS E-MAIL _____

HOME ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

HOME PHONE _____ HOME E-MAIL _____

Please check your preferred mailing address. Work Home

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 BUSINESS 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

CHAPTER AFFILIATION

APICS encourages all members in North America, whose address is within 50 miles of a chapter, to belong to a chapter. Chapter membership dues are included with your association dues unless otherwise noted.

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

ANNUAL DUES

Application will be processed upon full payment. A portion of your dues amount supports your local professional chapter or International Associate affiliation if applicable.

(a) Association dues \$ 200.00 (per year)

(b) Additional chapter dues if applicable* \$ _____

(c) I wish to join APICS for 1 year 2 years 3 year 4 years 5 years

(d) Total dues (a + b) = \$ _____ x no. of years (c) = Total \$ _____

* Additional Chapter Dues:			
• Colorado (Denver)	\$10	• Twin Cities	\$5
• Mid-Carolina	\$5		

APICS E&R FOUNDATION DONATION (optional)

The APICS E&R Foundation provides the nation's premier forum for operations management research, educational programs, and curriculum development. Among the programs that benefit from the E&R Foundation are the Scholars Education Program, APICS CPIM Pearson VUE Jumpstart Program, and Student Competitions. To learn more, visit: apics.org/Education/ERFoundation. To make a one-time donation, please indicate amount below.

I'd like to donate: \$15 Other \$ _____

Does your company have a gift matching program? Yes No

If so who should we contact? _____

NAME E-MAIL BUSINESS PHONE

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

Total Amount \$ _____ (Total of membership dues and E&R Foundation donation)

Money Order Check Check # _____ (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

APICS association and chapter dues are subject to change without notice.

APICS dues are not deductible as a charitable contribution for federal tax purposes, but may be deducted as a business expense in accordance with IRS rules and regulations. A portion of your dues, a \$24 nondeductible value, supports your subscription to APICS magazine.

STEP 3: Member Profile

Industry Type (Check all that apply)

- | | | | | |
|--|---|--|--|-------------------------------------|
| <input type="radio"/> Automotive | <input type="radio"/> Electrical | <input type="radio"/> Graphic Arts | <input type="radio"/> Pharmaceutical/Chemicals | <input type="radio"/> Biotechnology |
| <input type="radio"/> Aviation/Aerospace | <input type="radio"/> Electronics | <input type="radio"/> Mining | <input type="radio"/> Plastics/Rubber | <input type="radio"/> Machinery |
| <input type="radio"/> Communications | <input type="radio"/> Healthcare/Med. Devices | <input type="radio"/> Transportation | <input type="radio"/> Textile/Apparel | <input type="radio"/> Other |
| <input type="radio"/> Defense | <input type="radio"/> Food/Beverages | <input type="radio"/> Retail | <input type="radio"/> Lumber/Paper | |
| <input type="radio"/> Distribution | <input type="radio"/> Furniture | <input type="radio"/> Maintenance/Repair & Oper. | <input type="radio"/> Software/Hardware | |
| <input type="radio"/> Education | <input type="radio"/> Glass | <input type="radio"/> Metal Fabrication | <input type="radio"/> Utilities | |

Key Areas of Responsibility (Check all that apply)

- | | | | | |
|---|---|--|---|---------------------------------|
| <input type="radio"/> Distribution | <input type="radio"/> Sales/Marketing | <input type="radio"/> Purchasing | <input type="radio"/> Training/Education | <input type="radio"/> Logistics |
| <input type="radio"/> Inventory Control | <input type="radio"/> Finance/Acctg. | <input type="radio"/> Quality/Service | <input type="radio"/> Supply Chain | <input type="radio"/> Other |
| <input type="radio"/> Operations | <input type="radio"/> Professional Services | <input type="radio"/> Human Resources | <input type="radio"/> Self-Employed | |
| <input type="radio"/> Materials Mgmt. | <input type="radio"/> Shipping/Receiving | <input type="radio"/> Management Info. Systems | <input type="radio"/> Planning/Scheduling | |
| <input type="radio"/> Engineering | <input type="radio"/> Production Control | <input type="radio"/> Research & Dev. | <input type="radio"/> Forecasting | |

Your Job Title/Function (Check one)

- | | |
|--|---|
| <input type="radio"/> Senior Management (CEO/VP/General Manager/Plant Manager) | <input type="radio"/> Functional Management (Systems Analyst/Scheduler/Planner) |
| <input type="radio"/> Departmental/Division Management (Materials Manager/Operations Manager/Director) | <input type="radio"/> Other Professional level |

Number of Employees at Your Location (Check one)

- Under 100 100-249 250-499 500-999 1,000+

Why Are You Joining APICS? (Check all that apply)

- | | | |
|---|--|---|
| <input type="radio"/> Networking | <input type="radio"/> Discounts on educational offerings | <input type="radio"/> Chapter activities |
| <input type="radio"/> Career/professional development | <input type="radio"/> Keep up with industry developments | <input type="radio"/> Recommended by employer |
| <input type="radio"/> Certification | <input type="radio"/> APICS publications/magazine | <input type="radio"/> All of the above |
| <input type="radio"/> Recommended by _____ | | <input type="radio"/> Other |

How many years have you been in the operations management field? (Check one)

- 4 years or fewer 5-8 years 9-14 years 15+ years

