



INDIVIDUAL MEMBERSHIP APPLICATION

JANUARY 1, 2015 - DECEMBER 31, 2015

NAME: _____

AFFILIATION: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

INDIVIDUAL MEMBERSHIP FEE IS \$60.00.

RETURN APPLICATION WITH PAYMENT:

Email: issc@issc.org

Fax 803-788-7576

Mail: Interstate Shellfish Sanitation Conference
209 Dawson Road, Suite 1
Columbia, SC 29223

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 _____

Phone 803-788-7559 - Fax 803-788-7576
Email issc@issc.org - Website www.issc.org