



State Membership Application

January 1, 2019 - December 31, 2019

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: 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: _____