



ICSC Student Membership Application

Student Member Eligibility requirements:

- Must be a full-time undergraduate or graduate student who is not otherwise employed, except on a part-time or temporary basis (i.e., internship).
- Undergraduates taking at least 12 credits and graduate students enrolled in at least 6 credits in semester-based academic programs at an accredited institution are considered full-time students.
- Submission of photocopied class schedule (or transcript) as evidence of fulltime status is required along with completion of this student application.
- Student members with more than 4 years of student membership do not qualify for renewal.

For those not in a semester-based academic program, contact Michael Cowden, Student Engagement Director, at mcowden@icsc.com or +1 202 626 1408 to discuss eligibility.

 First Name M.I. Last Name

 Name of College/University Faculty/Staff Advisor

 Mailing Address

 City State/Province Country Zip/Postal Code

 Telephone Fax Number Email

 Current Curriculum Month/Date of Graduation

REQUIRED FOR NON-U.S. APPLICANTS: _____
 Date of Birth Country of Citizenship

I AM APPLYING FOR STUDENT MEMBERSHIP

NOTE: Following graduation, you will no longer be able to renew through the student membership program, but will retain the membership through the expiration date. If, after graduation, you are qualified to continue membership in another membership category, you will be contacted by ICSC staff and instructed accordingly. This category does not renew automatically. You will be asked to provide documentation each year.

Have you ever been a member of ICSC? Yes No

Student Membership Dues: \$50.00

Terms and Conditions: This Membership Application is subject to the ICSC Membership Terms and Conditions available at <https://www.icsc.com/attend-and-learn/events/icsc-terms-and-conditions-for-advertising-events-exhibit-space-and-sponsors#membership>, which are hereby incorporated by reference.

 Signature of Applicant Date

Membership dues MUST accompany application

Check Enclosed (made payable to ICSC) Mail application and check to address below.

Charge My Mastercard VISA American Express Discover **Total** _____

 Name (as it appears on card) Signature of Cardholder

 Credit Card Number CVC Expiration Date (month/year)

Return the completed application with payment to:

Email: membership@icsc.com

Mail: International Council of Shopping Centers
 P.O. Box 419822
 Boston, MA 02241-9822, USA

FOR ICSC USE ONLY: Individual ID _____