

# 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 James Dulin, Manager, Student Engagement & University Partners at [jdulin@ICSC.com](mailto:jdulin@ICSC.com) or 646.728.3504 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](#) 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](mailto:membership@ICSC.com)

**Mail:** ICSC  
P.O. Box 419822  
Boston, MA 02241-9822, USA

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|---|
| <b>FOR ICSC USE ONLY:</b> Individual ID _____ |
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