

Renewing as a MISAC Agency Member

Agency memberships: This category puts a \$1,000 annual cap on the amount any one agency has to pay for membership. A city or special district can pay the \$1,000, sign up one person as the “Primary” (i.e., Full Voting) member and have as many Associate members as desired. This must be handled in a single \$1,000 transaction (although additional Associate members can be added throughout the year). If you are signing up more than seven MISAC members from your agency, this category makes the most sense.

Step 1: To renew your entire agency as a MISAC Agency Membership, either by credit card or via check, go to the MISAC website, login, and select “Your Cart” at the top of your screen.

Step 2: Do a search for the category of Membership.

OVERVIEW: When renewing as an **Agency Member**, you will first select the Agency member item (corresponding to your Chapter) and add it to your cart. There will be a comment box in which you can add the details of your renewals or email an Excel file containing the names and email addresses of those people you would like to have as MISAC Members.

In this example, we have chosen the **Central Chapter Agency Membership 2019-2020** by locating the correct member type option and selecting View.

The screenshot shows the 'Online Store: Membership' page. At the top, there is a search bar with the text 'Enter search criteria...' and a magnifying glass icon. Below the search bar, there is a dropdown menu set to 'Membership' and a 'FIND' button. The search results are displayed in a list format. The first result is 'Central Chapter Agency Membership 2019-2020' with a price of \$1,000.00 and a 'VIEW' button. A red arrow points to this item. The second result is 'Central Chapter Associate MISAC Member Renewal 2019-2020' with a price of \$130.00 and a 'VIEW' button. The third result is 'Central Chapter Full MISAC Member Renewal 2019-2020' with a price of \$130.00 and a 'VIEW' button.

Step 3: Once selected, you will be presented with a text box that you should use to add the corresponding member information. Each agency is only allowed one Full member per agency.

The screenshot shows the details for the 'Central Chapter Agency Membership 2019-2020' item. At the top, there is a search bar with the text 'Enter search criteria...' and a magnifying glass icon. Below the search bar, there is a dropdown menu set to 'All Categories' and a 'FIND' button. The item title is 'Central Chapter Agency Membership 2019-2020'. To the right of the title, there is an 'ITEM OPTIONS' section with a price of \$1,000.00 and a quantity of 1. A red arrow points to the quantity field. Below the item options, there is a text box for entering member information. The text box contains the following text: 'Enter the name of each member as well as an email address. If this is a new member please indicate by adding "new" at the end (e.g. Joe Smith, Jsmith@city.org, new). You may also send an excel file to info@misac.org.' Below this text, there is a label 'Please enter your response below: *' and a character count '146 (of 255 characters remaining)'. The text box contains the following text: 'Full (Primary) Member, email address', 'Associate Member1, email address', and 'Associate Member2, email address - NEW'. A red arrow points to the text box. Below the text box, there is an 'ADD ITEM' button. Below the 'ADD ITEM' button, there is a 'DESCRIPTION' section with the following text: 'A California city or special district may join or become a MISAC "Agency Member." This membership category allows any and all employees of that city or special district who are presently engaged in information system activities to become Associate Members, with the exception of one employee who shall be designated as the Primary Member.' A red arrow points to the description section.

Include the member names and email addresses separated by commas as shown above or email an Excel sheet with the information to info@misac.org. Select **Add Item** to add the item in your cart as shown below:

Step 4: Review your cart, and if you are finished, press the **Checkout** button.

Your Cart Enter search criteria...

You can manage the items in your cart by viewing your cart and then proceeding to checkout. You can also shop for additional items by returning to the main storefront or searching below.

[Back to shopping](#) > [My Cart](#)

| QTY. | PRODUCT | PRICE |
|---|--|--|
| 1 | Central Chapter Agency Membership 2019-2020 <small>Full (Primary) Member, email address Associate Member1, email address Associate Member2, email address - NEW</small> | \$1,000.00 Remove Item |
| <input type="text" value="Apply Promotional Code"/> <input type="button" value="Update Price"/> | | |
| SUBTOTAL: \$1,000.00 | | |
| Clear Entire Cart | | Total: \$1,000.00 Recalculate |

Step 5: There are two steps to checking out and two payment methods. Both will be outlined here. The first screen gives you the option of paying by check **Bill Me** or paying by **Credit Card**. In either case, you will get an invoice for your records at the end of the process.

Paying by Check:

Checkout (Step 1 of 2) Enter search criteria...

[Main Storefront](#)

Please enter your address and billing information in the form below.

RECIPIENT INFORMATION

First Name:*

Middle Name:

Last Name:*

Suffix:

Organization:

Address:*

City/Town:

Country: *

State:

Postal Code:*

Home Phone:

Business Phone:

Mobile Phone:

Email Address:*

Confirm Email Address:*

In this example, we want to pay by check. To do this, simply choose the **Bill Me** option in “Payment Type”.

Additionally, when you select the **Check here if the billing address is same as the recipient information**, the billing information will transfer into the proper fields. All you will need to do is to enter your phone number in the **Phone** field, click on the **Proceed to Confirmation** button and you are ready for the next step.

PAYMENT INFORMATION

Total Amount: \$390.00 (includes \$0.00 Tax)

Promo Code:

Payment Type: Bill Me Credit Card 

Check here if the billing address is the same as the recipient information

Bill To Name:*

Organization:

Address:*

City/Town:

Country:*

Location:

Postal Code:*

Phone:*

PO: Only Alphanumeric Characters Allowed

ADDITIONAL CUSTOMER INFORMATION

Please Enter Comments Below:

Paying with a credit card:

If paying with a credit card you would choose "Payment Type", **Credit Card**.

When you select the **Check here if the billing address is same as the recipient information**, the billing information will transfer into the proper fields. Please insure the billing address for credit cards is the address where the credit card statements are sent. All you will need to do is to enter your phone number in the **Phone** field, click on the **Proceed to Confirmation** button and you are ready for the next step.

PAYMENT INFORMATION

Total Amount: \$390.00 (includes \$0.00 Tax)

Promo Code:

Payment Type: Bill Me Credit Card 

Card Type:*

Card Number:*

Card CVV Number:* (What is this?)

Exp. Date:* / (mm/yyyy)

Check here if the billing address is the same as the recipient information

Name on Card:*

Organization:

Address:*

City/Town:

Country:*

Location:

Postal Code:*

Phone:*

PO: Only Alphanumeric Characters Allowed

ADDITIONAL CUSTOMER INFORMATION

Please Enter Comments Below:

Step 6: The last screen is simply a verification screen to review your order for accuracy. When done, simply press the **Complete Order** button to complete the order and to produce an invoice or process the credit card payment.

Checkout (Step 2 of 2)
Enter search criteria...

Main Storefront Cart (3)

Please enter your address and billing information in the form below.

Before finalizing your order, please verify the information below. Then click the "Complete Order" button to complete the checkout process.

RECIPIENT INFORMATION

First Name: Test

Middle Name:

Last Name: Member

Suffix:

Address: 123 Main Street

City/Town: Anywhere

Location: California

Postal Code: 99999

Country: United States

Organization: Your Agency

Home Phone:

Business Phone:

Mobile Phone:

Email Address: testm@email.com

PAYMENT INFORMATION

Bill To Name: Test Member

Organization: Your Agency

Address: 123 Main Street

City: Anywhere

Location: California

Postal Code: 99999

Country: United States

Phone: 555-123-1234

PO:

ADDITIONAL CUSTOMER INFORMATION

| QTY. | PRODUCT | PRICE |
|------------------|--|-----------------------------|
| 1 | Central Chapter Full MISAC Member Renewal 2019-2020 <i>Full name; email address</i> | \$130.00 |
| 2 | Central Chapter Associate MISAC Member Renewal 2019-2020 <i>Associate Member 1, email address Associate Member 2, email address - NEW</i> | \$260.00 (\$130.00 each) |
| SUBTOTAL: | | \$390.00 |

Grand Total: \$390.00 [Edit Cart](#)

COMPLETE ORDER

Step 7: Click the **View Invoice/Receipt** button, to print or save your invoice.

Thank You
Enter search criteria...

[View Invoice/Receipt](#)

Thank you for your purchase. You can expect an email confirmation shortly.

At this point, you can print your invoice and submit it for payment or, if you used a credit card, you can print the invoice for your expenses or for credit card statement reporting.

PLEASE NOTE: When you use this system to renew or purchase memberships through the MISAC store, we will manually update the expiration dates of the existing members when the invoice is paid. If the member is new, we will create a new account and contact that member via email so that they can log in and create their new password.