



SCIP MEMBERSHIP ENROLLMENT FORM

APPLICANT INFORMATION

First Name:		Middle Initial:		Last Name:	
Title:		Company/ Organization:		Business Phone:	
Street Address:				How did you learn about SCIP?	
City:		Province/ State:		Postal Zip:	
Email:	What Industry Best Describes Your Company/ Organization?				
Member ID #:		Year Began Practicing CI:		Chapter You'd Like to Join:	
CI Department's Number of Employees:		Company/ Organization Number of Employees:			

SCIP MEMBERSHIP RATES

* These rates are not retroactive and no prior discounts off these rates are valid.

- Individual CI Practitioner (\$295)* *Rate is \$255 when at least 3 colleagues are enrolled
- Individual Solutions Provider (\$395)* *Rate is \$355 when at least 3 colleagues are enrolled
- Academic Faculty/ Individual Government Employee/ Non Profit Employee (\$125)
- Student (\$75)* *Verification of enrollment required with this enrollment form

"My commitment to SCIP is stronger than ever and I want to do my part to contribute and hopefully give back a little of what SCIP gave me. A lot of my early consulting projects came as a result of attending SCIP conferences and I found out about my current position because it was posted on the SCIP website."

Ignacio Feller

PROFESSIONAL ROLE

Please select your professional role in CI (select one option that best describes you)

I AM AN ACADEMIC (SELECT FUNCTIONAL TITLE)

- Professor
- Associate Professor
- Undergraduate
- Graduate
- Post Doctorate
- Other _____

I AM A PRACTITIONER (SELECT FUNCTIONAL TITLE)

- Analyst
- Advisor
- Librarian/ Information Specialist
- Journalist/ Writer
- Project Manager CI
- Trainer/Instructor
- Other _____

I AM A CONSUMER (SELECT FUNCTIONAL TITLE)

- CEO/ President/ Principal Vice President
- Product Manager
- Engineer
- Account Manager
- Department Manager
- Consultant
- Other _____

I AM A CONSULTANT/ VENDOR (SELECT FUNCTIONAL TITLE)

- Data Sources
- Software/ Solutions
- Other _____

PAYMENT OPTIONS

PAYMENT BY CREDIT CARD Visa MasterCard American Express	Card Number:			
	Card Expiration Date:		Card Security Number	
	Card Holder Name:			
	Amount to be Charged:	US\$		
Signature of Card Holder:			Date:	

ENCLOSED IS A CHECK IN THE AMOUNT: US\$ *Please remit credit card payments to memberservices@scip.org, or by fax at 703.739.2524. For information on wire transfers contact SCIP at (703) 739-0696.*

By signing and submitting this form, I pledge that all my CI activities are executed and performed well within the parameters of the **SCIP Code of Ethics**. I understand that SCIP has authority to terminate my membership at any time if SCIP determines that my CI activities are in direct violation of the **SCIP Code of Ethics**. (See **SCIP Code of Ethics** below)

- To continually strive to increase the recognition of the profession.
- To comply with all applicable laws, domestic and international.
- To accurately disclose all relevant information, including one's identity and organization, prior to all interviews.
- To avoid conflicts of interest in fulfilling one's duties.
- To provide honest and realistic recommendations and conclusions in the execution of one's duties.
- To promote this code of ethics within one's company, with third-party contractors and within the entire profession.
- To faithfully adhere to and abide by one's company policies, objectives, and guidelines.

Signature of Applicant:		Date:	
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**PLEASE REMIT CHECK PAYMENTS TO;
SCIP ACCOUNTING OFFICE, 7550 IH 10 WEST, SUITE 400, SAN ANTONIO, TX 78229**