

# ICSC STUDENT MEMBERSHIP APPLICATION

PLEASE PRINT

Ms. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Mr. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_\_\_  
Name of College/University

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_

\_\_\_\_\_  
Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

\_\_\_\_\_  
Telephone (include country code) \_\_\_\_\_ Fax (include country code) \_\_\_\_\_

\_\_\_\_\_  
Email

\_\_\_\_\_  
Current Curriculum \_\_\_\_\_ Month/Year of Graduation \_\_\_\_\_

**I AM APPLYING FOR**  Student Membership \$50

*You must be enrolled as a full-time undergraduate or graduate student (minimum 12 credits per semester) at an accredited college, university or educational institution. Please submit photocopied proof of your current enrollment, i.e. student ID and/or college transcript. Provide translation of documents if not in English.*

**Have you ever been a member of ICSC?**  Yes  No

I hereby apply for membership in ICSC. I authorize ICSC to send me announcements via mail, fax, email, phone or otherwise, about ICSC programs and services that may be of interest to me or my colleagues.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Membership dues MUST accompany application.**

CHECK ENCLOSED (made payable to ICSC)

CHARGE MY  MasterCard  VISA  American Express  Discover **TOTAL** \_\_\_\_\_

\_\_\_\_\_  
Name (as it appears on card) \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

\_\_\_\_\_  
Account Number \_\_\_\_\_ Expiration Date (month/year) \_\_\_\_\_

**Return the completed application with payment to:**

**FAX:** +1 732 694 1800

**MAIL:** International Council of Shopping Centers  
1221 Avenue of the Americas  
New York, NY 10020-1099, USA

**FOR ICSC USE ONLY:**

Individual ID \_\_\_\_\_

Company ID \_\_\_\_\_