



PROFESSIONAL MEMBER APPLICATION

Individual Name	
Company Name	
Title	
Address	
City, State, Zip	
Phone Number	
Website	
Email Address	

Member Category		Membership Dues
<input type="checkbox"/>	Professional Member	\$600*

\*Can be prorated if joining during the calendar year.

**Dues are payable at the beginning of the accounting period selected—January 1<sup>st</sup> for annual billing \*or\* January 1<sup>st</sup> and July 1<sup>st</sup> for biannual billing.**

Indicated payment: Annually ( ) Biannually ( )

I hereby certify that the above information is true and correct and that I understand that by signing this form I have made a good faith commitment for one year of dues payment for the period January 1 to December 31 as an professional member. Membership will continue indefinitely in one year increments unless written cancelation of membership is submitted in writing.

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Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please return form to [info@scmaonline.org](mailto:info@scmaonline.org).