

# APICS Enterprise e-Membership Application for Military, Armed Forces, and Government Employees

## Ways to join!

**ONLINE:** Visit [apics.org/military](http://apics.org/military) for the fastest processing and easily upload your proof of full-time enrollment\*.

**MAIL:** Return completed application with a check payment to APICS, P.O. Box 4050, Carol Stream, Illinois 60197 USA.

**Required: Please include your Federal government or military email address below for proof of eligibility.**

## STEP 1: Member Information (Please print or type)

PREVIOUS APICS CUSTOMER/MEMBER ID NUMBER (IF KNOWN)

Please print your legal name and address as they should appear on a mailing label.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ CPIM ☐ CFPIM ☐ CIRM ☐ CSCP ☐ SCOR-P ☐ GLA ☐ CTL ☐ PLS ☐ CLTD

FIRST NAME

MIDDLE INITIAL

LAST NAME

Please check your preferred mailing address. ☐ Work ☐ Home

JOB TITLE

MILITARY BRANCH OR GOVERNMENT AGENCY

BUSINESS ADDRESS

CITY

STATE

ZIP + 4/POSTAL CODE

COUNTRY

BUSINESS PHONE

BUSINESS FAX

EMAIL

### Home (Permanent)

ADDRESS

CITY

STATE

ZIP + 4/POSTAL CODE

COUNTRY

HOME PHONE

EMAIL

The following information is requested for identification purposes only. ☐ Female ☐ Male DATE OF BIRTH (MM/DD/YY)

## STEP 2: Membership Dues (\$125 annual association dues include chapter dues)

APICS encourages all members residing in North America, whose address is within 50 miles of a chapter, to belong to a chapter. If you are unsure of a chapter within a 50 mile radius, call APICS Customer Support for assistance.

ASSOCIATION DUES (\$125)

PLACE ME IN THIS CHAPTER (SEE CHAPTER LOCATOR ON PAGE 3)

## APICS SUPPLY CHAIN COUNCIL DONATION (optional)

The APICS Supply Chain Council provides the nation's premier forum for operations management research, educational programs, and curriculum development. To learn more, visit [apics.org/scc](http://apics.org/scc). To make a one-time donation, please indicate amount below.

I'd like to donate: ☐ \$15 ☐ Other \$

Does your organization have a gift matching program? ☐ Yes ☐ No

If so, who should we contact

NAME

EMAIL

BUSINESS PHONE



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## STEP 3: Payment

Please submit payment in **U.S. dollars** only. APICS dues are not deductible as a charitable contribution for federal tax purposes but may be deductible as a business expense. Please include member name and company name on check.

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TOTAL AMOUNT \$ (TOTAL OF MEMBERSHIP DUES AND DONATION)

### **\*Required Identification and Eligibility Information**

To be eligible for this membership, individuals must be employed full-time by the U.S., Mexican or Canadian Federal government or currently serving in one of the branches of the U.S. military, Mexican or Canadian Armed Forces. In addition, those employed by a Crown Corporation in Canada or Government Sponsored Enterprise (GSE) in the U.S., are eligible for this membership.

Consulting or contract employees of government chartered corporations, as well as retired military personnel are not eligible for this membership.

Your Federal government or military email address is required for proof of eligibility.

I affirm that I meet the below requirements *(Select All That Apply)*

- ☐ I am employed full-time by the U.S., Mexican, or Canadian Federal government
- ☐ I am currently serving in one of the branches of the U.S. military, Mexican, or Canadian Armed Forces
- ☐ I am employed by a Crown Corporation in Canada, or Government Sponsored Enterprise (GSE) in the U.S.

### **Commercial Third-Party Mailing List Exclusion Policy**

On occasion, APICS may provide limited contact information to third parties that offer programs, products, and services that our members may find of interest. The contact information includes name, job title, company, and preferred address, but does not include phone, fax, or email address.

- ☐ Exclude me from commercial third-party mailing lists.
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