

2017-2018 Membership Invoice



REGISTRANT INFORMATION:		
NAME:		
COMPANY:		
POSITION/TITLE:		
MAILING ADDRESS:		
PREFERED PHONE:		
THIS IS MY ☐ HOME ☐ CELL ☐	BUSINESS PHONE	
PREFERED E-MAIL ADDRESS:		
THIS IS MY ☐ HOME ☐ BUSINESS ☐	OTHER	E-MAIL ADDRESS
THE E-MAIL ADDRESS PROVIDED WILL BA NEWSLETTER AND OTHER CHAPTER ANN		TION OF THE CHAPTER
THE CHAPTER \square MAY $/$ \square MAY NOT RELEASE THE ABOVE INFORMATION TO OTHER PARTIES.		
PROFILE INFORMATION:		
 Are you a member of the International SFPE? ☐ Yes, my current grade is: ☐Fellow ☐Pro Member No.: ☐ No, please e-mail me membership informational membership information is gathered for Chapermission. For information on joining the International program of the International SFPE? 	ifessional Member S ation. No, not current pter Excellence Award purposes and gram, contact any officer for assistate PS, etc.]:	ntly interested. and will not be distributed without your unce.
3. Are you interested in helping with a Chapter of		? \square Yes \square Not at this time.
CHAPTER MEMBERSHIP TYPE (Sele ☐ INDIVIDUAL CHAPTER MEMBER/AFFIL ☐ CORPORATE SPONSOR/SUPPORTER ME Corporate Sponsor/Supporter Business	IATE ^{NOTE 1} MBERSHIP ^{NOTE 2 & 3} //Individual Name	
 Paid membership is all-inclusive for Chapter membership and membership and corporate Sponsor may include up to two individual Champership forms naming the individual membership forms naming the indivi	pter memberships at no additional	cost.
PAYMENT INFORMATION:	TOTAL ENCLO	SED:\$
	CHECK NUMBER:	#
(Contact the Treasurer for prorated paymen	t amounts when joining af	ter the 1st annual meeting date.)
	cks payable to "CSRA SF tration with payment to: Will Cosey	PE"

118 Beauregard Lane

Aiken, SC 29803

The CSRA SFPE Chapter is a non-profit, all-volunteer, professional organization. IRS ID# is: 32-0114251.