



Northeast Indiana Chapter
SCINEI.org

DATE ____/____/____

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREFERRED PHONE _____ EMAIL _____

TYPES OF MEMBERSHIPS:

_____ 1 YEAR NATIONAL & SCINEI MEMBERSHIP (\$65+\$25=\$90)

_____ 1 YEAR NATIONAL & SCINEI DIGITAL (online publications for current members) MEMBERSHIP (\$35+\$25=\$60)

_____ 3 YEAR NATIONAL & SCINEI MEMBERSHIP (\$150+\$75=\$225)

_____ 3 YEAR NATIONAL & SCINEI DIGITAL (online publications for current members) MEMBERSHIP (\$90+\$75=\$165)

_____ ALREADY SCI NATIONAL MEMBER – 1 YEAR SCINEI MEMBERSHIP (\$25)

_____ ALREADY SCI NATIONAL MEMBER – 3 YEAR SCINEI MEMBERSHIP (\$75)

_____ LIFETIME NATIONAL & SCINEI MEMBERSHIP (\$1500+\$300=\$1800)

_____ SENIOR LIFETIME NATIONAL & SCINEI MEMBERSHIP (\$1250+\$300=\$1550)

PAYMENT INFORMATION: CHECK # _____ (Make check payable to SCINEI)

CREDIT CARD NUMBER _____ EXP DATE _____ CVV _____

NAME ON CARD _____ SIGNATURE _____

BILLING ZIP CODE _____

TOTAL AMOUNT TO BE CHARGED/ENCLOSED \$ _____