



THE SOUTHERN CENTER FOR INTERNATIONAL STUDIES  
MEMBERSHIP APPLICATION

Name \_\_\_\_\_

Second Name (if dual membership) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please contact my company for information about its matching contributions program.

Company Name \_\_\_\_\_

Your Title \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

My preferred mailing address is:

Home

Work

My preferred email address is:

Home

Work

MEMBERSHIP LEVELS	_____	Sponsoring Membership	\$1,000
	_____	In Dialogue Participant	\$ 250
	_____	Dual Membership	\$ 120
	_____	Individual Membership	\$ 75
	_____	Young Professional Membership (for those under 40)	\$ 50
	_____	Young Professional Membership	\$ 100

Please return this application, along with your payment to:  
THE SOUTHERN CENTER FOR INTERNATIONAL STUDIES  
320 West Paces Ferry Road, NW  
Atlanta, Georgia 30305