

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 _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____

My preferred mailing address is:

Home

Work

My preferred email address is:

Home

Work

MEMBERSHIP LEVEL	_____	Sponsoring	\$1,000
	_____	Dual	\$ 120
	_____	Individual	\$ 75
	_____	Young Professional (for those under 40)	\$ 50
	_____	Dual Young Professional	\$ 100

Please return this application, along with your payment, to:

THE SOUTHERN CENTER FOR INTERNATIONAL STUDIES

P.O. Box 52789

Atlanta, Georgia 30355

