

**SCACM MEMBERSHIP APPLICATION AND ANNUAL FEE NOTICE**

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? Annual Member \$20.00 ? 3 year Membership \$45 ? 5 year Membership \$75 ? Life member \$200  
? Sustaining Member \$200  
? Contributor \$\_\_\_\_\_ Any amount. Thank you!

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**Please check membership classification. This membership fee includes copies of the Newsletter, all official SCACM publications, a membership card and eligible for the Mickey King travel awards.**

**Please complete the following information:**

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone: ( ) \_\_\_\_\_ Work Fax: \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Preferred mailing address: ? Work ? Home

**? Check here if above information has been updated?**

**Former Info:** \_\_\_\_\_

For additional information, please contact Vicky Norton, Office Manager at 888-984-9966 (voice or fax) or send an email to [scacm@scacm.org](mailto:scacm@scacm.org) Make checks payable to South Central Association for Clinical Microbiology and mail completed form to the above address. The annual SCACM membership is from January 1 to December 31.

Unless otherwise noted, membership received through the fall meetings will be credited to the current year  
We now accept credit cards.

For Credit Card Payment, please complete the following information.

\_\_\_\_ American Express \_\_\_\_ Discover \_\_\_\_ MasterCard \_\_\_\_ Visa \_\_\_\_

Expiration Date: (mm/yy) \_\_\_\_\_ Amount \$ \_\_\_\_\_

Customer Billing Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

Billing address for the credit card owner:

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax: \_\_\_\_\_

Email (an email will be sent as a receipt after processing): \_\_\_\_\_