New Member Application and Roster Information Form

SCIP MEMBERSHIP QUALIFICATIONS Date: _____

- ❑ I hereby apply for membership as a **MEMBER** of SCIP, and I conform to all of the qualifications for such membership as stated in the SCIP Bylaws. I have been engaged full time in the preparation of construction specifications for a period of 5 years, either as an independent consultant or as an employee of an independent consultant.

- ❑ I apply for membership as an **AFFILIATE** of SCIP, and I conform to all the qualifications for such membership as stated in the SCIP Bylaws.

I affirm that the statements I have made above are correct, and I will subscribe to the SCIP Standard Code of Practice.

Signature of Applicant **Date**

ROSTER INFORMATION

Member Name and Professional Titles

Firm Name

Address

City **State** **Zip**

Country

CSI Region

Phone

FAX

E-mail

Web Site

- Type member name and address information exactly as you wish it to appear in the Roster.
- Inclusion in the Roster will be on an individual basis. If a firm has more than one qualifying person, each may become a member. Roster entries will be in alphabetical order by last name.

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