



# 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.

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Signature of Applicant Date

## ROSTER INFORMATION

\_\_\_\_\_  
Member Name and Professional Titles

\_\_\_\_\_  
CSI Region

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
FAX

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

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Country

\_\_\_\_\_  
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. Each member will be furnished one copy of the roster.