



Application for Reinstatement in Membership

Qualifications: 3.9

Any member whose name has been removed from the rolls because of failure to pay dues may, at the discretion of the Council, upon written application and the payment of all financial obligations due to ISASI be considered for reinstatement to membership in accordance with Article 111 of the Bylaws.

Please Print or Type

ISASI Member No. _____

Applicant: _____

Street Address _____

City: _____ State: _____ Country: _____ Postal Zip: _____

Telephone: (W) _____ (H) _____ (Fax) _____ (Cell) _____

Firm _____ Title _____

Signature required: _____ Date: _____ E-mail _____

Reinstatement Fee

Full, Associate, Affiliate Members: \$80.00

Student Members: \$25.00

Please include check payable to ISASI in US currency sent to the address listed at the top of the page, or complete the credit card information below:

Please charge: Visa ___ MasterCard ___ American Express ___

Credit Card Number # _____ Expiration Date _____ Card Code _____

Automatic Yearly Charge Authorization: Yes ___ No ___

Forum Magazine: Hard Copy: ___ Digital Copy ___

For ISASI office Only: Verified: _____ **Date:** _____ **Approved by:** _____

By clicking agree I confirm that the information shown above is correct and that I am providing my signature as authorization for payment.