

MEMBERSHIP APPLICATION

Individual Membership Information: (all fields required)

Mr. Mrs. Ms. Dr.

Name: _____

Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Company Email: _____ Personal Email (optional): _____

Membership Category:

Individual (\$705): Corporate or Assistant Secretaries, General Counsel, Governance Professional at legal entity.

Service Provider (\$705): Provides services to the corporate secretary and governance functions.

Affiliate (\$595): Investors, academia, educational institutions, proxy voting services.

Company Ownership: Public Company Private(For Profit) Law Firm Non Profit Mutual Company Government Entity

Public Ticker: _____

Public Market Cap: Mega Large Mid Small Micro Nano

Private Company Type: Investor Owned Private Equity Owned Family Owned Closely Held Public Authority Other _____

Industry Type: (Check primary type below)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Aerospace & Defense | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining & Metals | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Airlines | <input type="checkbox"/> Consumer Products | <input type="checkbox"/> Oil & Gas | <input type="checkbox"/> Retail & Wholesale |
| <input type="checkbox"/> Asset Management | <input type="checkbox"/> Industrial Products | <input type="checkbox"/> Transportation | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Govt., Public Sector & Non-Profit | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Hospitality & Leisure | <input type="checkbox"/> Power & Utilities | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Insurance | <input type="checkbox"/> Prof. Firms & Services | |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Media & Entertainment | <input type="checkbox"/> ProviderCare | |

Payment Details:

Pay by Check Charge to: American Express Visa MasterCard

Card No: _____ Expiration Date: _____

Card Security Code: _____ Signature: _____

Name on Card: _____

Please send completed application with payment details via fax, mail (see below), or email to membership@societycorpgov.org