



Professional Membership Application

(For Individuals Only – See Below)

Individual Name: _____
 Company Name: _____ Email: _____
 Address: _____ City: _____
 State/Prov.: _____ Postal Code: _____ Country: _____
 Phone: _____ Facsimile: _____ Website: _____

Those who can apply for Professional Membership are persons who formerly have been involved in the information destruction business and who wish to remain connected to the Association; and professionals involved in information and/or security management.

I am someone:

- Formerly involved in the information destruction business
- Professional responsible for information management and/or security management

My current responsibility or position is:

- Accounting/Financial Management
- Information Technology
- Education
- Legal Administration
- Healthcare Administration
- Records & Information Management
- Human Resources Management
- Other (please indicate): _____

Why are you applying for i-SIGMA Membership _____

How were you made aware of i-SIGMA _____

Please note that Individual Members are not eligible to vote or hold office in the Association.

PAYMENT INFORMATION

Calculation:

2026 Prorated Professional Membership Dues \$ **420.00** USD

TOTAL REMITTANCE: \$ _____ USD

Payment is by:

Enclosed Check (Payable to "i-SIGMA") Check

No.:

AmEx Discover MC/Visa # _____ Expires (mo/yr): ____ / ____

Name on Card: _____ Signature: _____ CCV: _____

Billing Address: _____

The information provided by me in this application is truthful and accurate.

Signature: _____ **Date:** _____

Mail to:
 i-SIGMA
 3030 N. Central Ave, Suite 706, Phoenix, AZ 85012

FAX to (only if paying by credit card):
 (480)658-2088

i-SIGMA Use Only					
Rec'd: _____	GM: _____	Member#: _____	Website: _____	Com. Notice: _____	MP Sent: _____

"i-SIGMA is a 501(c)6 organization. According to the IRS, dues may be deductible as a business expense for U.S. members but not as a charitable contribution. Please check with your tax adviser.