

ISCSC Membership Application

International Society for the Comparative Study of Civilizations

Name: _____

Position: _____

Mailing Address: (circle one) [Home] [Work]

Telephone: _____

Fax: _____

E-mail: _____

Membership Category: (*Prorated Memberships not available*)

(*Foreign address add \$5.00 for shipping*)

___ USD \$70 Individual (1 yr.)

___ USD \$500 Individual (Lifetime)

Total: USD \$ _____

Make checks payable to ISCSC

Credit Card #: _____

Credit Card: ___ MasterCard ___ VISA (Exp. Date: ___/___ Month/Year)

Fields of Interest: _____

Signature: _____ Date: _____

Please mail to: ISCSC Membership Dept.
5636 Conn. Ave., N.W., #42559
Washington, D.C. 20015-9998

Email: membership@iscsc.org