

NCSF Membership Application

1. **Name:** First _____ MI _____ Last _____

2. **Mailing Address:** _____ Apt. #: _____

City: _____ State: _____ Country: _____ Zip/Postal Code: _____

3. **Phone/Fax/Email:** Daytime Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

Fax: (____) _____ - _____ Email address: _____

4. **List any current certifications or licenses you have:** _____

5. **NCSF Membership Number:** _____

NCSF Membership Expiration Date: ____/____/____

6. **Fees:** **NCSF Membership (One Year)** \$65 **NCSF Membership (Two Year)** \$117 (10% Savings)

NCSF International Membership \$85

NCSF Student Membership \$55*

**(Requirement of 12 current semester hours with proper documentation of current enrollment enclosed)*

_____ **Enter total \$ amount for your renewal**



To renew through the mail individuals must complete the registration form and mail it to the NCSF with valid method of payment. Mail to: NCSF, P.O. Box 163908 Miami, FL 33116.



Individuals can renew through the organizations web site at www.ncsf.org. The NCSF accepts all major credit cards.



Renewals can be made over the telephone using any major credit card. Contact the NCSF toll-free at (800) 772-NCSF to speak with a representative.



Individuals can fax completed membership renewal form along with a valid method of payment directly to the NCSF at 305-256-7722

Payment Information

Check/Money order (*U.S. fund only*) payable to NCSF

American Express Visa

MasterCard Discover

Name on card _____

Account # _____

Exp date ____/____

Signature _____

Billing address if different than shipping

Signature: _____ Date: _____

**All registrations placed by mail or fax must be signed in the space above.
By signing this form you acknowledge and accept the terms of the NCSF membership Polices and Procedures.**

Return to:
NCSF Membership Services
P.O. Box 163908
Miami, FL 33116-3908