BICSI Student Membership ApplicationReturn completed form via mail to BICSI, 8610 Hidden River Parkway, Tampa, FL 33637-1000 USA or fax to +1813.971.4311. You may also apply online at bicsi.org/membership. Tel: +1813.979.1991 or 800.242.7405 (USA and Canada toll-free); Email: bicsi@bicsi.org



Last name	First name	Middle initial		
Member/Customer number (if applicable)		Year of Birth (Optional)	Gender (Male/Female) (Optional)	1
How did you hear about E	BICSI?			
Home address		Street or P.O. box	Apartment number	
City	State/Province	Zip/Postal code	Country	
Company name (If applic	able)	Job title	Company website	
Business address		Street or P.O. box		
City	State/Province	Zip/Postal code	Country	
Daytime phone	Cell phone	Email (By providing yo	our email address you consent to receive emails from BICSI.)	
(visit www.bicsi.org/e About You What is curent education level?	thics) and agree to adhere Student Membership	to them. (Required for mo	ode of Ethics and Standards of Condigembership to be processed). ate is US \$5	
 High School Vocational/Technical School 2-year University 4-Year University 	Student Membership: Full-time students must submit a photocopy of a student ID card and a copy of a current transcript or course schedule. Student memberships shall not count toward the achievement of district or region status and will not have voting rights, but are eligible for membership benefits made available to BICSI members from time to time.			
Payment of membership dues concurs adherence to the BICSI Articles of I Ethics, and other rules and regulations duly established by the BICSI Board		BICSI Articles of Incorporation, Bylaws, C by the BICSI Board of Directors.	Lode of	
	Note: Membership fees are subject to the term expires.	change without notice. Memberships are bas	ed on a 12-month cycle and end on the last day of the month joi	ned, in the year
	U.S. tax matters: Dues are not de	eductible as a charitable contribution, but ma	be deducted as a business expense. Memberships are nonrefu	ndable.
	protection, BICSI does not accep		I's Accounting Department for instructions f paying by credit card, please mail or fax	Internal Use Only
Total to be paid	neck or Money Order Enclosed isa 🗖 MasterCard 📮 Ar	merican Express 🔲 Diner's C	lub 🗖 Discover	
Cardholder name (as the na	me appears on the credit card)	Cardholder signatu	re	
Credit card number	CVV	Expiration date	Card billing zip/postal code (requi	ired)