

The International Society of
Community Engagement Professionals

Membership Application

Mail completed application, including payment to:

6006 N. Mesa, Suite 502

El Paso, TX 79912

You may also join online at www.iscep.org. For questions, contact Membership Director at 915-833-1234

I. General Information

Mr. Ms. Mrs. Dr.: _____ Date of Birth: _____
(circle one) First, Middle, Last, Suffix

Title: _____ Organization: _____ Phone (____) ____ - _____

Business Address: _____ Fax (____) ____ - _____

City _____ State _____ Zip _____ Email _____

Mailing Address (if different): _____

City _____ State _____ Zip _____

Home Address: _____ Phone (____) ____ - _____

City _____ State _____ Zip _____ Email _____

How did you learn about ISCEP? _____

II. Professional Experience

Total number of years of community engagement experience in full-time, paid positions: _____

Year started in community engagement and/or elected office _____

Please describe your present community engagement responsibilities, or attach a recent job description. _____

III. Demographics

A. Position (select one)

_____ Staff _____ Vice President _____ Consultant _____ Superintendent

_____ Manager _____ President/CEO _____ Partner/Principal

_____ Director _____ Executive Director _____ Educator/Professor

_____ Other _____

B. Organizational Setting (select one)

_____ Corporation _____ Government/Military _____ Nonprofit/Association _____ Consultancy
_____ Educational Institution _____ Independent Practitioner _____ Professional Services
_____ Other _____

C. Education

Highest degree earned: Bachelor's Master's Doctorate

Major: Bachelor's _____ Master's _____ Doctorate _____

Year Graduated: Bachelor's _____ Master's _____ Doctorate _____

University: Bachelor's _____ Master's _____ Doctorate _____

D. Which of the following best describes you:

White/Caucasian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander
 Black / African American Asian Some other race Prefer not to say

Are you of Hispanic, Latino or Spanish origin? Yes No Prefer not to say

IV. Payment Summary

Method of Payment

Initiation Fee Waived

Check (make check payable to ISCEP in US Funds drawn on US bank only)

National dues \$175

Visa Mastercard AMEX Discover

TOTAL \$175

Card Number _____

Exp. Date _____

Billing Zip Code _____

Signature _____

Full payment is needed to process your application. Dues are non-refundable.

In applying for membership in the International Society of Community Engagement Professionals, I attest to the accuracy of the information and to the fact that community engagement is a function of my position. I agree to accept the Society's decision on this application. I have read and understand the ISCEP Member Code of Ethics and pledge to adhere to this code, comply with the Bylaws, and do all in my power to maintain and enhance the prestige of the practice of community engagement. Any material misstatement of fact in an application for membership shall be grounds for disciplinary action under the ISCEP Bylaws.

★ Signature _____ Date _____

For ISCEP use Only: Action _____ Signed _____ Date _____