



**PURCHASING MANAGEMENT ASSOCIATION OF WESTERN NEW ENGLAND**  
**MEMBERSHIP AND TRANSFER APPLICATION**  
 www.pmawne.com



I wish to become an ISM member through P.M.A. Western New England      Affiliate Code: \_\_\_\_\_

ISM ID # (If Known) \_\_\_\_\_  
 Please check the appropriate Box:  
 New Member       Past Member  
 Current Member, but transferring from:

I am replacing the following member in my company:  
 Member's Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 City, State/Zip \_\_\_\_\_

(affiliate name)	
Annual ISM/ Affiliate Dues:	<b>\$175</b>
Administrative Fees (one time only):	<b>\$20</b>
<b>Total:</b>	<b>\$195</b>

Are you interested in serving on a committee? \_\_\_\_\_

Industry Code: \_\_\_\_\_

EDUCATION: Please circle highest level completed:  
 H.S.                      Assoc.                      Student  
 Bachelor's              Master's                      Other \_\_\_\_\_  
 Date of Birth (Optional) \_\_\_\_\_

Are you a C.P.M. ?    Yes \_\_\_ No \_\_\_  
 Do you hold other professional designations? Please list.

What is your involvement in the purchasing or material process?  
 \_\_\_\_\_

Are you involved in selling? \_\_\_\_\_ if so, please explain: \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_      Mr. Mrs. Ms. Miss. Dr. (Please circle)

Title \_\_\_\_\_      Company Name \_\_\_\_\_  
 **BUSINESS**      (Please check the preferred mailing address)       **HOME**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_      City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Business Phone # \_\_\_\_\_ Business Fax # \_\_\_\_\_      Home Phone # \_\_\_\_\_ Home Fax # \_\_\_\_\_

Business E-Mail \_\_\_\_\_      Home E-mail \_\_\_\_\_

**Method of Payment:**       Personal or Company Check is **enclosed**  
 Please charge my:       Visa       Master Card       Discover       American Express  
 Charge Card # \_\_\_\_\_      Exp. Date \_\_\_\_\_

Amount to be Charged \$ \_\_\_\_\_      Cardholder's Signature \_\_\_\_\_

I agree to abide by ISM Bylaws, Principles and Standards of Purchasing Practice, and Statement of Antitrust Policy. A copy of the ISM Bylaws may be obtained by calling ISM Customer Service at 1 800- 888- 6276.

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Return to: P.M.A.W.N.E., Inc. P.O. Box 924 Springfield, MA 01101-0924 Fax: 413 533 1380
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Approvals for Affiliate/ ISM Use Only		
ISM	_____	Date _____
Affiliate	_____	Date _____
Other	_____	Date _____

ISM USE ONLY  
 P/C CK # \_\_\_\_\_ Amount \_\_\_\_\_      A/C \_\_\_\_\_  
 Approval # \_\_\_\_\_ Date Entered \_\_\_\_\_      Initials \_\_\_\_\_