



Membership Application

REGULAR MEMBERSHIP

€800 (Euros) per year. Dues must accompany application.

IF YOUR COMPANY IS ALREADY A MEMBER, PLEASE GO TO INSTRUCTIONS FOR AFFILIATE MEMBERSHIP.

You are eligible for Regular Membership if your company is engaged in the development, ownership or management of shopping centers, is engaged in business as a merchant located in a shopping center or is engaged in business as a lending institution which provides equity, interim or permanent financing of shopping centers from its own funds. Each Regular Member company designates one person to act as its Official Member. An ICSC Member Sponsor is required on all Regular Member applications. Only Regular Members have voting privileges or may hold office in ICSC. Please fill out sections **A, B, D, E, F** and **G** on the reverse side.

ASSOCIATE MEMBERSHIP

€800 (Euros) per year. Dues must accompany application.

IF YOUR COMPANY IS ALREADY A MEMBER, PLEASE GO TO INSTRUCTIONS FOR AFFILIATE MEMBERSHIP.

You are eligible for Associate Membership if your company is engaged in a trade, profession or industry allied to the shopping center field (i.e., leasing agents, lawyers, mortgage brokers, architects, contractors, suppliers, promotion, advertising and public relations agencies, and merchant's associations located in these shopping centers). Each Associate Member company designates the person to act as its Official Member. An ICSC member sponsor is required on all Associate Member applications. Please fill out sections **A, C, D, E, F** and **G** on the reverse side.

AFFILIATE MEMBERSHIP

€100 (Euros) per year. Dues must accompany application.

You are eligible for Affiliate Membership if you are employed by a Regular or Associate Member, or an officer of a merchant association located in a shopping center of a Regular Member. You must be directly associated with a member firm and your company title must be consistent with that of your Regular or Associate Member. You cannot become eligible through a subsidiary or commonly owned company. Applicants for Affiliate Membership are required to include the signature of the company's official member on their applications. Please fill out sections **A, D, F** and **G** on the reverse side.

PUBLIC/ACADEMIC MEMBERSHIP

€100 (Euros) per year. Dues must accompany application.

This category of membership is open to any government entity and any appointed or elected official at the city, state or national level. Also eligible are educators with a recognized college, university or educational institution and any such institution. Each Public/Academic Member entity designates one person to act as its Official Member. Please fill out sections **A** and **D** on the reverse side.

PUBLIC/ACADEMIC AFFILIATE MEMBERSHIP

€50 (Euros) per year. Dues must accompany application.

You are eligible for Public/Academic Affiliate Membership if you are employed by a Public/Academic Member. You must be directly associated with a member firm and your title must be consistent with that of your Public/Academic Member. Applicants for Public/Academic Affiliate Membership are required to include the signature of the company's official member. Please fill out sections **A** and **D** on the reverse side.

(PLEASE PRINT OR TYPE)

MS. _____
MRS. _____
MR. _____ FIRST _____ INITIAL _____ LAST _____

TITLE _____

COMPANY _____

MAILING ADDRESS _____

CITY _____

STATE/PROVINCE/COUNTRY _____ ZIP/POSTAL CODE _____

TELEPHONE _____ FAX _____

E-MAIL ADDRESS _____

ICSC Member Sponsor _____ Company _____

I am applying for Regular Membership €800 ☐ Have you ever been a member of ICSC? ☐ Yes ☐ No
 Associate Membership €800 ☐ Has your company ever been a member of ICSC? ☐ Yes ☐ No
 Affiliate Membership €100 ☐ Do you hold an ICSC certification? ☐ Yes ☐ No
 Public/Academic Membership €100 ☐ If yes, please list _____
 Public/Academic Affiliate Membership €50 ☐

I hereby apply for membership in the ICSC. If elected, I will abide by the Council's Articles of Incorporation and By-Laws, support its objectives and pay the dues established by the Board of Trustees for my class of membership. **If applying for Affiliate Membership, I attest that I am a salaried employee of the official member company and not a franchisee of that company.**

SIGNATURE OF APPLICANT _____ DATE _____ SIGNATURE OF OFFICIAL MEMBER _____ DATE _____

Specific Business Category (check all appropriate for your company's nature of business)

☐ OD Shopping Center ☐ LI Lending Institution ☐ MN Shopping Center ☐ RT Retail
 Owner/Developer Management Company

Of those you checked, which ONE is your company's PRIMARY business? _____

Specific Business Category — What is the PRIMARY nature of your company's business? (CHECK ONLY ONE)

☐ LF Law Firm ☐ ES Executive Search ☐ MA Marketing/Advertising ☐ RC Real Estate/Retail
☐ PS Product Supplier ☐ AF Accounting/Financial Firm Public Relations Consulting
☐ CC Construction/Contractor ☐ LB Leasing Brokerage ☐ AD Architecture/Design ☐ OT Other (specify) _____
☐ MB Mortgage Broker ☐ IN Insurance

Title Category (CHECK ONLY ONE)

☐ OW Owner/Partner/CEO/Chairman/ President ☐ MK Marketing Associate ☐ VP Vice President ☐ LA Leasing Agent/
 Real Estate Broker
☐ CT Controller ☐ EV Executive/Senior VP ☐ MR Manager ☐ OT Other (specify) _____
☐ DR Director ☐ AT Attorney

Under what legal form does your company operate? (CHECK ONLY ONE)

☐ PT Partnership ☐ CO Regular C Corporation ☐ IN Individual ☐ SC Sub S Corporation
☐ TR Trust ☐ REIT Real Estate Investment Trust ☐ EC Tax Exempt Corporation ☐ OT Other (specify) _____

Primary Business Responsibility (CHECK ONLY ONE)

☐ CM Corp. Staff Management ☐ LR Leasing/ Real Estate ☐ IN Insurance/Risk ☐ AD Architecture/Design
☐ OP Operations/Management ☐ LG Legal Management ☐ MN Maintenance
☐ FA Finance/Accounting ☐ SC Security ☐ EM EDP/MIS ☐ OT Other (specify) _____
☐ RS Research ☐ CN Construction ☐ MK Marketing/Advertising/
Public Relations

At what level do you perform your primary job function? (CHECK ONLY ONE)

☐ C Corporate Headquarters Level ☐ D Divisional Level ☐ S Shopping Center Level

Choose the payment option that best suits your needs:
☐ Cheque enclosed. Make Payable in € (Euros) to ICSC.
Charge my: ☐ Mastercard ☐ Visa ☐ Amex

By Fax +44 20 7931 7628 (credit card only)
By Post: ICSC / Europe LLC
1221 Avenue of the Americas, 41st Floor
New York, NY 10020-1099, USA

FOR ICSC USE ONLY

Individual I.D.# _____ Company # _____

NAME (As it appears on credit card) _____ CARD EXPIRES _____

ACCOUNT NUMBER (Include all digits) _____ MO _____ YR _____
SIGNATURE OF CARD HOLDER _____ TOTAL € _____