



Friends of the OISC {FOTOISC} Membership Application Form

Application Date: Membership Type:
Company: # of Employees:
Division:
Year Business Established:

Type of Business (Check only one):

SOCIETY ORGANIZATION INSTITUTION UNIVERSITY INDIVIDUAL
 SCIENCE CENTER COLLEGE K-12 FOUNDATION OTHER

CONTACT REPRESENTATIVE:

Title:
First Name: MI: Last Name:

GENERAL INFORMATION:

Address 1:
Address 2:
City: State/Province:
Postal Code: Country:
Work Phone: Extension:
Work FAX#:

INTERNET INFORMATION:

E-mail Address:
Website Address:

Annual Membership Dues

Founding Sponsor	\$5000
Benefactor	\$2500
Supporter	\$1000
Corporate	\$500
Company	\$250
Associate	\$100
Individual	\$50
Student	\$25

Please send completed form and check to the address below.