

Professional Society Membership Registration Form

Please print this form, complete all fields in block letters, and return it to the society administration office.

1. Personal & Professional Information

First Name:

Last Name:

Academic Degrees / Credentials (e.g., PhD, PE, PMP):

Current Job Title:

Organization / Company Name:

Department / Division:

2. Contact Details

Mailing Street Address:

City, State / Province, Postal Code:

Country:

Phone Number (with Country Code):

Email Address:

3. Membership Details

Desired Membership Type (write "Student", "Professional", or "Corporate"):

Preferred Local Chapter / Regional Branch:

Areas of Special Interest / Practice Groups:

4. Payment Details (for Manual Processing)

Payment Method (write "Check", "Bank Transfer", or "Credit Card"):

Transaction Reference Number or Check Number:

Amount Paid (USD):

5. Declaration and Signature

By signing below, I certify that all information provided is accurate and agree to abide by the Society's Code of Professional Conduct.

Applicant Written Signature (Sign here upon printing):

Date of Signature (DD/MM/YYYY):