



Student Membership Enrollment Form

- **ONLINE** at www.isa.org/join
- **MAIL** this form to: ISA, PO Box 3561
Durham, NC 27709-3561, USA
- **FAX** to +1 919-549-8288
- **CALL** ISA Customer Service at +1 919-549-8411

Member Information

Please print clearly.

Mr. Mrs. Ms.

Name

Last/Family _____

First/Given _____

Middle _____

REQUIRED: Date of graduation (mm/yyyy): _____

University/College _____

Academic Major _____

Freshman Sophomore Junior Senior

Home Address

Mailing Address _____

Mail Stop _____

City _____

State/Province _____ Postal Code _____

Country _____

Email Address _____

Telephone _____

Fax _____

School Address

Mailing Address _____

Mail Stop _____

City _____

State/Province _____ Postal Code _____

Country _____

Email Address _____

Telephone _____

Fax _____

Birth date ____/____/____ Gender: M F
Day Month Year

Division Information

Choose one division from each department for no fee. Choose additional divisions for \$10 each. Check all divisions you wish to join and calculate the total cost below.

Industries and Sciences Department

Check all Industries and Sciences Divisions you wish to join. One is free with your membership.

- Aerospace Industries (B)
- Building Automation (I)
- Chemical and Petroleum Industries (G)
- Construction and Design (K)
- Education (D)
- Food and Pharmaceutical Industries (R)
- Mining and Metals Industries (V)
- Power Industry (O)
- Pulp and Paper Industries (L)
- Water and Wastewater Industries (X)

Automation and Technology Department

Check all Automation and Technology Divisions you wish to join. One is free with your membership.

- Analysis (A)
- Automatic Controls and Robotics (M)
- Management (W)
- Process Measurement and Control (H)
- Safety and Security (S)
- Communications (N)
- Test Measurement (J)

Calculate cost of additional divisions joined:

of additional Divisions: ____ x \$10 = \$ ____

Payment Information

ISA Student Membership = \$ US 10.00

Division Membership Total (from above) = \$ US _____

Total Amount Due = \$ US _____

MasterCard Visa American Express Discover

Credit Card No. _____

Expiration Date (mm/yyyy): _____

Check payable to ISA Money Order Wire Transfer*

*Please contact ISA Customer Service at +1 919-549-8411.

Signature This application cannot be processed without your signature.

Signature _____ Date _____

By completing this application, you acknowledge that ISA needs the information to service your membership. Occasionally, we make this information available to companies whose products or services may be of interest to you. Review ISA's complete Privacy Statement at www.isa.org/lawyer or request a copy by calling +1 919-549-8411.

Do not release my name and contact information to companies selling products and services. Do not call me about ISA activities.