



STUDENT INFORMATION (Please print clearly)			
Prefix:	First Name:	Middle Initial:	Last Name:
Informal Name:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age Range: <input type="checkbox"/> 25 and under <input type="checkbox"/> 26 – 35 <input type="checkbox"/> 36 – 45 <input type="checkbox"/> 46 – 55 <input type="checkbox"/> 56 – 65 <input type="checkbox"/> 66 and above	
University/College:		Expected Date of Graduation:	
Fields of Study: <input type="checkbox"/> Chemical Engineering <input type="checkbox"/> Mechanical Engineering <input type="checkbox"/> Engineering – Other <input type="checkbox"/> Pharmacy <input type="checkbox"/> Life Sciences (e.g. Biology, Chemistry) <input type="checkbox"/> Business <input type="checkbox"/> Other: _____			
PRIMARY CONTACT INFORMATION			
<input type="checkbox"/> Home <input type="checkbox"/> School			
Street Address:			
P.O. Box:		Apartment/Suite/Mail Stop:	
City or Suburb:	State / Province	Zip+4 / Postcode:	
Country:	Telephone:	Fax:	
Email Address (required):		Mobile (optional):	
ALTERNATE CONTACT INFORMATION			
<input type="checkbox"/> Home <input type="checkbox"/> School			
Street Address:			
P.O. Box:		Apartment/Suite/Mail Stop:	
City or Suburb:	State / Province	Zip+4 / Postcode:	
Country:	Telephone:	Fax:	
Email address:		Alma Mater:	
<input type="checkbox"/> I wish to keep my data confidential and only used by ISPE and its local Affiliates and Chapters.		<input type="checkbox"/> I DO NOT wish to be included in the Membership Directory or Conference Attendee listings.	
MEMBERSHIP CATEGORIES AND PAYMENT INFORMATION			
All Members of ISPE are entitled to vote on matters pending before the Society, hold office, and serve on committees. Memberships are individual and not transferable. For membership category descriptions and bylaws, visit www.ISPE.org/membership .			
<input type="checkbox"/> Student Members: <u>Individuals</u> enrolled full-time at a college, university, or other educational institution. Part-time students are eligible if your primary concentration is education, such as a combination of classwork and an internship. Please provide proof of student status. \$15			
<input type="checkbox"/> Emerging Economy Students: <u>Individual</u> students residing in an emerging economy country receive discounted dues. For a list of eligible countries, please visit www.ISPE.org/emergingeconomylist . Your dues must be remitted directly to the local Affiliate/Chapter. To contact your local Affiliate/Chapter, please visit www.ISPE.org/affiliates&chapters . If you attend a school outside the geographic region of an Affiliate/Chapter, please remit your dues to the ISPE Office located nearest you. \$5			
Payment or credit card required. Purchase orders will not be accepted. FEI #59-2009272 Please do not send cash in the mail.			
<input type="checkbox"/> Check enclosed payable to ISPE # _____ in the amount of \$ _____ (drawn on US bank)			
<input type="checkbox"/> Credit Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX			
Card Number: _____		Exp. Date: _____	
Name of Cardholder (as it appears on credit card): _____			
Cardholder Signature: _____			
Prices good through 31 December 2010; after 31 December 2010, please contact ISPE for current rates.			

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LOCAL AFFILIATES / CHAPTERS *(select one)*

Network with industry professionals and regulators in your region and attend local events with your complimentary membership in an ISPE Affiliate or Chapter. Visit www.ISPE.org/Affiliates_Chapters for more information.

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| <input type="checkbox"/> Argentina
Australasia (select one Chapter)
<input type="checkbox"/> Brisbane
<input type="checkbox"/> Melbourne
<input type="checkbox"/> New Zealand
<input type="checkbox"/> Sydney
<input type="checkbox"/> Belgium
<input type="checkbox"/> Brazil
<input type="checkbox"/> Central Canada
<input type="checkbox"/> China (under development)
<input type="checkbox"/> Czech Republic/Slovakia
<input type="checkbox"/> France
<input type="checkbox"/> Germany/Austria/Switzerland
<input type="checkbox"/> India
<input type="checkbox"/> Indonesia
<input type="checkbox"/> Ireland
<input type="checkbox"/> Italy
<input type="checkbox"/> Japan
<input type="checkbox"/> Korea, Republic of
<input type="checkbox"/> The Netherlands
<input type="checkbox"/> Nordic (Sweden, Denmark, Norway, Finland, and Iceland)
<input type="checkbox"/> Philippines
<input type="checkbox"/> Poland
<input type="checkbox"/> Singapore
<input type="checkbox"/> Spain | <input type="checkbox"/> Thailand
<input type="checkbox"/> Turkey
United Kingdom (select one Region)
<input type="checkbox"/> Central
<input type="checkbox"/> North East
<input type="checkbox"/> North West
<input type="checkbox"/> Scottish
<input type="checkbox"/> Southern
United States (select one Chapter)
<input type="checkbox"/> Boston Area (Eastern and Central Massachusetts, Maine, and New Hampshire)
<input type="checkbox"/> Carolina-South Atlantic (North and South Carolina, Georgia, Florida, Alabama, and Tennessee)
<input type="checkbox"/> Chesapeake Bay Area (Maryland, Washington DC, and Northern Virginia)
<input type="checkbox"/> Delaware Valley (Eastern Pennsylvania, Southern New Jersey, and Delaware)
<input type="checkbox"/> Great Lakes (Ohio, Indiana, Illinois, Michigan, Wisconsin, and Kentucky)
<input type="checkbox"/> Greater Los Angeles Area (Los Angeles, Orange, Ventura, and Riverside Counties)
<input type="checkbox"/> Midwest (Missouri, Kansas, Nebraska, Iowa, and Minnesota)
<input type="checkbox"/> New England (Connecticut, Western Massachusetts, Rhode Island, Upstate New York, and Vermont)
<input type="checkbox"/> New Jersey (New Jersey, New York, and Northeastern Pennsylvania)
<input type="checkbox"/> Pacific Northwest (Washington and Oregon)
<input type="checkbox"/> Puerto Rico
<input type="checkbox"/> Rocky Mountain (Colorado and Utah)
<input type="checkbox"/> San Diego (San Diego North to South Orange County)
<input type="checkbox"/> San Francisco/Bay Area (Northern California)
<input type="checkbox"/> South Central (Texas, Oklahoma, and Louisiana) | <input type="checkbox"/> I do not elect Affiliate/Chapter membership
<input type="checkbox"/> There is not an Affiliate/Chapter in my area |
|--|--|---|

I WOULD LIKE TO RECEIVE EMAILS FROM:

- ISPE International and regional offices
 My ISPE Affiliate or Chapter (see above)
 ISPE strategic partners (ISPE will never sell your email address)

I hereby apply for ISPE membership and certify that all statements in this application are correct, and if elected to membership, agree to be governed by the Society Bylaws.

Applicant's Signature: _____ Date: _____

- Application Checklist:**
- Fully completed membership application
 - Payment
 - Proof of student status

- Acceptable Proof:**
- Current semester schedule showing number of credits
 - Transcript (official or unofficial) with number of credits
 - Valid and current student ID
 - University letter stating "student"
University Web site page stating the date