



IIE STUDENT MEMBERSHIP APPLICATION

INFORMATION (Please print clearly.)

You can update your member record online at www.iienet.org/membership/manage your membership

Name: _____
 First Middle Last

Mr. Mrs. Ms.

Home – permanent address:

Address _____

City _____ State/Province _____

Zip/postal code _____ Country _____

Phone (____) _____ Mobile (Optional)(____) _____

E-mail (Required) _____

School address _____

City _____ State/Province _____

Zip/postal code _____ Country _____

Phone (____) _____ Fax: (____) _____

Mobile (Optional)(____) _____ E-mail (Required) _____

Check here to have your name omitted from the mailing lists we share with other organizations.

Check here is you would like to receive only e-mail promotions about conferences:

IIE Annual Society for Health Systems Applied Ergonomics Operational Excellence (formerly Lean/Quality)

Gender: Male Female

Date of birth (Month/day/Year) _____
(Required for IIE to determine certain awards and recognition)

Membership

Student Membership \$30 (Includes 12 issues of *Industrial Engineer* magazine with U.S. membership.)

International student: Add mailed copy for an additional fee of:

\$35 surface mail delivery \$72 air mail delivery

Societies (in addition to membership fee) For more information go to www.iienet.org/networking.

Society for Health Systems (SHS): \$5

Society for Engineering & Management Systems (SEMS) \$5.00 (Includes online access only to *Industrial Management* magazine, a bi-monthly management publication)

PAYMENT DUE WITH APPLICATION

TOTAL

Membership fee..... \$ _____
Societies..... \$ _____
Total..... \$ _____

Check (payable to IIE) Payment of \$ _____ is enclosed. Check # _____
Credit Card: I authorize IIE to charge my credit card: MasterCard Visa AmEx

Credit Card # _____ Expiration date: _____

Name as it appears on card (print) _____

Authorized signature: _____ Date _____

Priority code: STUAP07

Apply online: www.iienet.org/join

Return this application to IIE Customer Service, 3577 Parkway Lane, Suite 200, Norcross, GA 30092 U.S.A. or fax to (770) 441-3295.

STUDENT SELF-VERIFICATION FORM

This section must be completed in order to process your application.

- I am currently enrolled as a full-time student as defined by my college or university.
- I understand that a fundamental principle of engineering ethics is honesty and that providing false information regarding my student status may result in the revocation of my IIE membership.

Student's expected date of graduation: _____

Course of study/expected degree: _____

University/ college attending: _____

Signature: _____

Date signed: _____

For questions, please contact IIE Member and Customer Service at (800) 494-0460x102 or (770) 449-0460x102. E-mail: cs@iienet.org