



# IEEE

# 2003 Student Membership Application

web application at [www.ieee.org/join](http://www.ieee.org/join)

## 1 > PERSONAL INFORMATION

Please **PRINT** your name as you wish it to appear on your membership card and all correspondence. Circle your last/surname as a key identifier for the IEEE database. Do not exceed 40 characters or spaces per line. USE ONLY English characters and abbreviate only if more than 40 characters and spaces per line.

FIRST/GIVEN NAME MIDDLE LAST/FAMILY/SURNAME

### Address During Academic Year

STREET ADDRESS

CITY STATE/PROVINCE

POSTAL CODE COUNTRY

PHONE FAX

EMAIL

### Family or Home Address

STREET ADDRESS

CITY STATE/PROVINCE

POSTAL CODE COUNTRY

PHONE

Date of Birth DAY MONTH YEAR  Male  Female

Please send all IEEE mail to my:  Address During Academic Year  
 Family or Home Address

If not indicated, mail will be sent to Address During Academic Year.

Are you now or were you ever a member of the IEEE?  Yes  No If yes, please provide, if known:

MEMBERSHIP NUMBER

GRADE YEAR MEMBERSHIP EXPIRED

To better serve our members and to supplement member dues, the IEEE mailing list is released to other engineering and carefully selected organizations to provide you with information on technical products and services related to your profession. Please check box if you do not wish to have your name released to such organizations.

## 3 > ENDORSEMENT AND SIGNATURE OF APPLICANT

Please print the name and provide the signature and member number of your IEEE Student Branch Counselor. If there is no counselor at your school, please obtain the endorsing signature of a faculty member who is also an IEEE member (membership number is required).

IEEE BRANCH COUNSELOR'S NAME COUNSELOR'S MEMBER NUMBER

I endorse this application for student membership in the IEEE and certify the degree information as given to be correct and complete.

IEEE BRANCH COUNSELOR'S SIGNATURE SCHOOL CODE

Please complete and sign this application, printing clearly. Return to:

### IEEE Admission and Advancement Department

445 Hoes Lane, PO Box 1331, Piscataway, NJ USA 08855-1331

Phone: +1 800 678 4333 (US & Canada) or +1 732 981 0060 (Worldwide)

Fax: +1 732 981 0225 • Email: [new.membership@ieee.org](mailto:new.membership@ieee.org)

### Or complete our web application at [www.ieee.org/join](http://www.ieee.org/join)

**Current IEEE members: Do not use this form to renew your membership; you will receive a renewal invoice.**

## 2 > EDUCATIONAL INFORMATION

Print complete school/name information. No abbreviations please. This information is required to qualify for Student membership.

UNIVERSITY

SCHOOL OR COLLEGE (IF APPLICABLE) CAMPUS

STREET ADDRESS

CITY STATE/PROVINCE

COUNTRY POSTAL CODE

DEGREE TITLE EXPECTED EXPECTED GRADUATION DATE Mo/Yr

PROGRAM MAJOR/COURSE OF STUDY

### Current Degree Program (check one)

UNDERGRADUATE:  2 OR 3 YEAR  4 OR 5 YEAR GRADUATE:  MASTERS  Ph.D.

PROGRAM/COURSE OF STUDY:  ELECTRICAL ENG.  COMPUTER ENG.  ELECTRONICS ENG. TECHNOLOGY

COMPUTER SCIENCE  ELECTRONICS ENG.  OTHER (PLEASE DESCRIBE)

Do you hold other degrees?  YES (complete below)  NO

A HIGHEST TECHNICAL DEGREE HELD Mo/Yr RECEIVED

PROGRAM MAJOR/COURSE OF STUDY AREA OF CONCENTRATION

FULL UNIVERSITY NAME, CAMPUS AND PREVIOUS NAME, IF APPLICABLE

CITY/STATE/PROVINCE/COUNTRY

B OTHER DEGREES HELD Mo/Yr RECEIVED

PROGRAM MAJOR/COURSE OF STUDY AREA OF CONCENTRATION

FULL UNIVERSITY NAME, CAMPUS AND PREVIOUS NAME, IF APPLICABLE

CITY/STATE/PROVINCE/COUNTRY

I hereby make application for IEEE membership and agree to be governed by the IEEE Constitution, Bylaws, and Code of Ethics.

I am taking at least 50% of a full-time academic program.

SIGNATURE DATE

▶ Application must be signed.

Over Please

