

ISA Membership Form

Personal Details:

First Name: _____ Last Name: _____

Email Address: _____

Department: _____

Designation: _____ (Grad/PhD/Post Doc/Staff/Faculty)

Home Address: _____

Home Tel. No.: _____

Work Tel. No.: _____

Mobile No.: _____ (optional)

Family Details (if applicable):

Name of Spouse: _____

Email Address: _____

Department: _____ (if applicable)

Designation: _____ (if applicable)

Name of Children: _____

Mode of payment:

Cash: ____ or Cheque: ____

First Alphabet of Last Name: _____

Cheque No.: _____

Membership Amount ¹: _____

Date ²: _____

¹ Students: \$10/year, Post Docs: \$20/year, Faculty: \$40/year (These are minimum membership amounts. You are encouraged to pay more!)

² Deadline: August 31st 2003. After this period, please include a fine of \$2 for students and \$ 5 for all other members.