



# Application For Student Membership

Return Your Application To:  
**ISES CANADA**  
312 Oakwood Court  
Newmarket, ON L3Y 3C8  
Phone: 905-898-7434  
866-729-ISES (7434)  
Fax: 905-895-1630  
Web: www.isescanada.ca

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Educational Institution in Attendance \_\_\_\_\_

### Student Membership Eligibility and Dues

These dues are in effect through June 30, 2010

#### Student Membership

**Dues**  
\$40.00 CDN

The below criteria apply for all applicants to be eligible for ISES student membership.

- Students can be part or full time and must be enrolled in a recognized certificate program.
- The School Program Coordinator will communicate student enrollment information and registration confirmation. These school liaisons will be contacted by ISES International upon a student applying for membership to ISES.
- All students must have their Program Coordinator sign their application for membership
- Student members must volunteer for ten (10) hours to their ISES chapter per year, helping with chapter meetings, mailings, and other chapter business.
- Students will not have a listing in the ISES Membership book or on the ISES web site, use Member Discounts, can not vote on chapter business or hold an office in ISES.
- Students will not be permitted to use the ISES logo on business cards or any promotional material.
- Student memberships can be held for a maximum of two years (Additional years beyond two will be addressed by ISES and the schools' Program Coordinator).

### Statement by Program Coordinator

As an instructor in the area of special events, I have read this application, student status, and attest to its accuracy.

Instructor's Name \_\_\_\_\_

Educational Institution \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

ISES Contacted Program Coordinator on \_\_\_\_\_ Confirm Status \_\_\_\_ Yes \_\_\_\_ No

### Method of Payment

Annual Dues may be paid by Visa, or MasterCard by completing the information below.

Bill my  Visa  MasterCard

Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name as appears on card \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**Dues**  
\$40.00 CDN

I have enclosed my payment by check